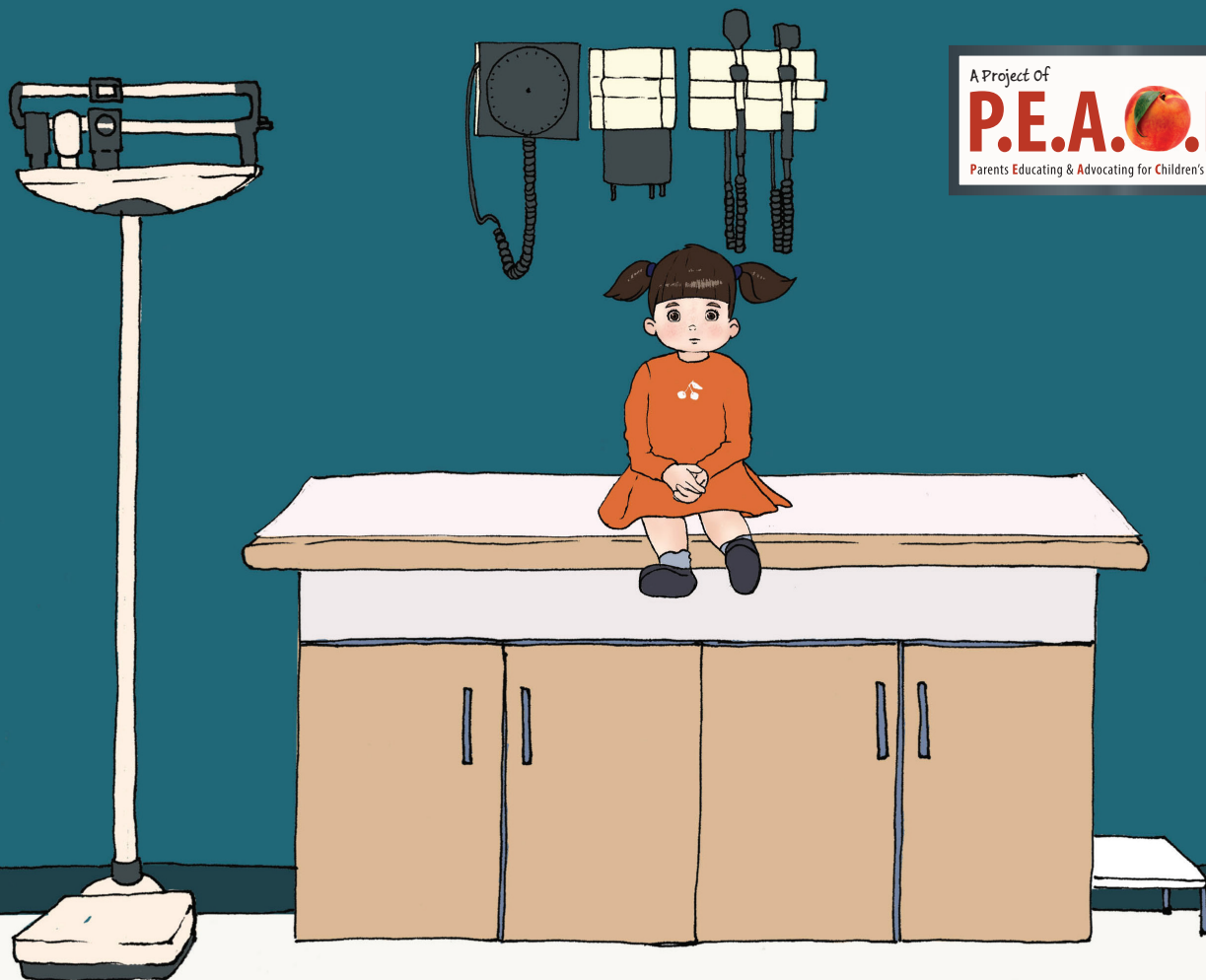


The Vaccine Safety Handbook

An Informed Parent's Guide



Introduction

Most of us have spent our entire lives hearing the same story about vaccines. We are told that thanks to vaccines, deadly diseases have been eradicated and millions of lives have been saved. We are warned that if we stop vaccinating, the diseases will come back with a vengeance. Instead of receiving an accurate picture of vaccine effectiveness and risks, we receive an oversimplified yet frightening portrayal of disease dangers, while the risk of vaccine-injury or death is written off as “one in a million.”

A lot of the information we receive about vaccines and the diseases they are meant to prevent is true. However, much of it is misleading by virtue of omission. On the other hand, some of what we are told about vaccines is simply untrue. In this publications, we have undertaken the job of filling in the huge information gap and discerning fact from fiction.

Even if vaccine choice was offered, it would be illusory. Why? Because under the current circumstances, the decision to vaccinate is usually rendered through frightening misinformation. The most common refrain we hear is: “Do you want to go back to the days of polio?” Well, we’re not sure that those days ever really ended. Read on to find out why. The only way to make a decision that is not clouded by fear is to expose the reality behind the illusion.

From our research (and for some of us, from personal experience) many more than “one in a million” lives have been ruined by vaccines. We don’t want any more people to be hurt needlessly. This is what motivates us.

Based on the feedback we received from our readers, we’ve made every effort to cover topics of greatest interest and importance. We have also kept some of the original articles and stories, as they are still as relevant as ever. We encourage you to explore both sides, and make an educated decision.



Or, you could decide for yourself.

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Letter From Our Founder

Dear Fellow Parents,

Back when my kids were younger, I never thought of questioning vaccines. It was routine at the doctor's office, and I trusted my doctor. I would cringe while my little ones were given their shots, but I knew I was doing the right thing.

Thank G-d, my family grew. My six children were lovely, but had many issues. Four of them needed early intervention. Three of them had tubes in their ears after recurring ear infections. We dealt with hyperactivity, learning problems, and constant visits to the pediatrician.

One day, I came across an article stating that based on studies, vaccines may be causing some of the major issues today's children are facing, such as asthma, autism, ADHD, and allergies.

Of course, the first thing I did was ask my doctor if the vaccines may have caused some of my children's issues. His answer was sharper than I expected:

"Absolutely not!" he exclaimed, obviously disturbed by my question. He then went on to explain that there is no connection between vaccines and any of these problems. "There is a terrible 'anti-vaccine movement' that is out to terrorize people, telling them how dangerous vaccines are and convincing them not to vaccinate. Don't believe the quacks out there, they have no solid science to prove what they say."

I breathed a sigh of relief, grateful that my doctor was able to reassure me that vaccines were not the culprit. Perhaps I was more relieved to be spared of the guilt I would feel if I learned that vaccines had indeed brought some damage upon my

children. Either way, I accepted his answer and tried to put it out of my mind.

But the seed had already been planted and I began to see and hear about distressful situations. I noticed how many other children suffered from chronic ear infections. I heard stories of babies who died just days after their shots. While my doctor's words rang in my ears, the thought that there might indeed be a connection still nagged me.

I did not doubt that what my doctor said was true. After all, he was a professional who went to medical school and had years of experience. But for my own peace of mind, I decided to do some research to allay my fears.

Suffice it to say, I was astonished. We have nothing to gain by sharing this information with you. Our only hope is that other families will find relief from their suffering like we did.

Some of you reading this know the pain of raising a child with serious conditions such as ASD (autism), juvenile diabetes, or asthma. We all know someone with learning disabilities, sensory issues, serious allergies, and more. The information in this publication may not answer all the questions you might have about vaccines; it may bring up more questions. I hope it will encourage you to do your own research.

P.S. Please forgive us for our anonymity. It is not because we don't believe in our cause. We do! It is because many of us have suffered abuse from fellow community members for questioning the medical authorities and advocating for children's health.

▷ The National Vaccine Compensation Program has awarded over \$3 billion in damages to children and adults injured by vaccines. *(See page 4)*

▷ Unusual high-pitched crying after vaccination is often a sign of brain inflammation. *(See page 5)*

▷ The DTaP vaccine package insert lists both SIDS and autism as possible adverse reactions, and that 70% of SIDS deaths occur within three weeks after the vaccine. *(See pages 7 and 32)*

▷ Getting a flu shot during pregnancy can increase the risk of miscarriage by 4,250%. *(See page 20)*

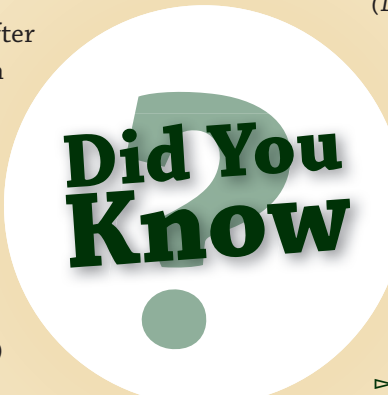
▷ "A single vaccine given to a six pound newborn is equivalent to giving a 180-pound adult 30 vaccinations on the same day!"

(Dr. Boyd Haley, professor and chair, Dept. of Chemistry, University of Kentucky, 2001)

▷ After vaccine recommendations were accelerated in 1991, autism rates in the U.S. went up from roughly 1 in 2,500 to at least 1 in 45 today. *(See page 25)*

▷ The CDC admits that no long-term studies were ever done on vaccines. *(See page 6)*

▷ Vaccines contain known carcinogens (including formaldehyde and polysorbate 80) and childhood cancers are continuously climbing. *(See box on page 5)*



Did You Know

On August 11, 1997, my eighth child was born. Two months later, I took him for a well visit where he was vaccinated for Polio, DPT, and I don't know what else. He developed a fever, cried for a few days, and developed a strange-looking rash. He slept a lot and was very lethargic. It was hard to wake him up. He would take five hour naps during the day, which he had never done before. It took several weeks for the rash to go away and for him to appear a little less sick. At eight months, he was just starting to turn over.

At nine months, I took him to the doctor, who vaccinated him for the second time. After the shots, he screamed inconsolably for a few days and was very stiff. It was very hard to wake him. I later found out that this was a not-so-rare symptom of vaccine-induced encephalitis (brain inflammation). He also developed hemiplegia and could barely use his left hand and foot. After this, he didn't turn over independently for another two years. He was diagnosed with microcephaly.

I was told that the injection in his left arm had affected the function of his arm and leg. With years of intensive therapy, he regained function on his left side and started to walk independently by age 7½.

At ten years old, he still needs full personal care and is globally delayed. It is clear to me that had he not been vaccinated, he would not have the disabilities he now suffers from.

—Mrs. B. (Lakewood)

Do The Benefits Outweigh The Risks?



Parents are told that the benefits of vaccines *by far* outweigh the risks; that aside from a slight fever or other mild reactions, dangerous side-effects or permanent damage from vaccines are virtually unheard of. Additionally, there is pervasive belief that the diseases that vaccines are meant to prevent would otherwise be widespread and dangerous. Assuming that the vaccines are effective in rendering immunity, the obvious conclusion is that vaccines are a necessity.

This begs the following questions: Are vaccines as safe as they claim? Are side effects, including permanent disability and death, in fact, rare?

In order for vaccines to be worthwhile, the diseases must carry a greater chance of permanent damage or death than the vaccines. If evidence proves otherwise, we must ask ourselves: Are we being more responsible if we choose to vaccinate, or not to?

Adverse Reactions to Vaccines

The CDC and FDA developed the Vaccine Adverse Event Reporting System (VAERS), which became available in the 1990s. Every year over 12,000 adverse reactions are voluntarily reported to the federal government. This includes ER visits, permanent injuries, and deaths. The FDA estimates that these numbers account for only 10% of actual cases, while other scientists estimate that as little as 1% of cases are reported.^(1,2) Accordingly, **the true number of adverse vaccine reactions is anywhere between 120,000 and 1.2 million every year!**

No reliable system is in place for tracking vaccine reactions since most doctors do not recognize adverse reactions and report them. Health-care providers are not well informed about vaccine risks, and patients are not

told what to look for. When a patient reports a severe or even life-threatening reaction to a vaccine, they are usually told that this was not a vaccine reaction at all, but an unrelated illness. Doctors are expected to voluntarily report severe reactions. However, they often do not, claiming that the event was not caused by the vaccine.

Despite this mounting evidence, the medical establishment continues to claim that vaccines are safe and risk free.

Vaccine Courts

How have governmental agencies responded to the tremendous incidence of vaccine reactions?

In 1986, there were only three pharmaceutical companies making vaccines. It was an unpopular market, as they were all drowning in lawsuits for vaccine injury. In order to deal with the great number of adverse events, congress passed the National Childhood Vaccine Injury Act, ostensibly to help cover damages for vaccine-injured children.

Since that time, vaccine injuries must be taken to special vaccine courts where billions of U.S. tax dollars are set aside for the rare instances that claimants succeed in winning their suits.

Congress established a **“disability and death” tax** on childhood vaccines. A percentage of the money from every shot goes into a special fund to compensate parents of children who have been seriously damaged or killed by vaccines.

As of 2016, over \$3 billion have been awarded to vaccine-damaged families by vaccine courts.⁽³⁾ And this was only paid out to that small minority of people who willingly went through the gauntlet of the vaccine courts, and succeeded. Only around 1 in 6 vaccine-damaged children are approved funding.

Ironically, instead of protecting children, the act protects doctors and drug companies against legal action, since it has essentially

“I worked with Congress in the early 1980s on that [vaccine injury] law and have watched it be turned into a cruel joke...the Department of Justice officials fight every claim, viewing every reward to a vaccine-injured child as admission that vaccines can and do cause harm.”⁽¹³⁾

—Barbara Loe Fisher,
(founder of the National
Vaccine Information Center)

Testifying before the California
State Senate Committee in 2002

“immunized” vaccine manufacturers and doctors against lawsuits for vaccine damage. All lawsuits must turn to the special vaccine courts funded by U.S. citizens.

Why are so many vaccines being recommended?

Manufacturers are not held liable for any vaccine that is part of the recommended vaccination schedule. This may explain why the U.S. has the most jam-packed vaccine schedule in the world. (Among other risky recommendations, vaccines are offered to expectant mothers, infants receive the Hepatitis B vaccine on their first day of life, and DTaP at 2, 4, and 6 months.) It is in the pharmaceutical industry’s best interest to make as many vaccines mandatory as possible. The question remains: Is it in our children’s best interest?

Common Adverse Reactions

The incidence of the following reactions vary; however even some of the more serious events listed below occur surprisingly frequently.

Serious reactions include: high fever,

headache, swelling and pain, diarrhea, vomiting, high-pitched screaming (often a result of swelling in the brain, which may lead to permanent disability or even death),⁽⁴⁾ loss of consciousness, convulsions, paralysis, blindness, deafness, brain damage [including learning disabilities, ADHD, and autism], and death. Additionally, most cases of Sudden Infant Death Syndrome (SIDS) occur shortly after vaccination.

Warning Signs

Being informed about vaccine reactions can help prevent possible catastrophe. It is up to parents to educate themselves. When a child has a severe reaction to a vaccine, they are at greater risk of experiencing a similar reaction to a future vaccine. While permanent damage, particularly to the brain, may occur after just one shot, sometimes it is only after repeated insult that the child becomes disabled.

Medical professionals usually deny that a reaction contraindicates future boosters. In most cases they do not even believe that the reaction was caused by the vaccine

altogether. **They often convince parents, against their own better judgment** that it is safe to continue administering the vaccine, despite the parent’s valid reservations.⁽¹³⁾

These strong reactions are a *warning sign* that the vaccine may be dangerous to your child’s health. In most cases, adverse reactions to vaccines are not isolated events. While many doctors seem to be completely in the dark about vaccine reactions, if parents conduct independent research, they will find that whatever reaction they have observed in their own child has occurred in hundreds or even thousands of other children after vaccinations. Rather than trusting the medical establishment’s baseless reassurance, parents should investigate the matter for themselves and make a well-educated decision.

Many parents have to live with lifelong regret for having been convinced to ignore reactions and continue with vaccines that subsequently led to their child’s permanent disability or even death.

Caution Discarded

Some of us may remember a time when doctors were cautious enough

Do You Know What’s In A Vaccine?

- ▶ **HUMAN AND ANIMAL CELLS**
Human cells from aborted fetuses and human albumin; pig blood, horse blood, rabbit brain, guinea pig, dog kidney, cow heart, monkey kidney, chick embryo, chicken egg, duck egg, calf serum, sheep’s blood and more.
- ▶ **AMMONIUM SULFATE (SALT)**
Suspected gastrointestinal, liver, nerve, and respiratory system poison.
- ▶ **BETA-PROIOLACTONE**
Known to cause cancer, suspected gastrointestinal, liver, skin, and sense organ poison.
- ▶ **ANIMAL, BACTERIAL, AND VIRAL DNA**
Can be incorporated into the recipient’s DNA and cause unknown genetic mutation.
- ▶ **LATEX RUBBER**
Can cause life-threatening allergic reactions.
- ▶ **MONOSODIUM GLUTAMATE**
A neurotoxin. Being studied for mutagenic, teratogenicity (fetal malformation), and reproductive effects. Can create mild to severe allergic reactions. Probable carcinogen: suspected in causing cancer of the liver, nervous, gastrointestinal, reproductive, respiratory,
- and immune systems. Linked to leukemia, brain, colon, and lymphatic cancer.
- ▶ **POLYSORBATE 80**
Known to cause cancer in animals.
- ▶ **FORMALDEHYDE (FORMALIN)**
Major constituent of embalming fluid; poisonous if ingested. Probable carcinogen: suspected in gastrointestinal, liver, immune system, nerve, reproductive system, and respiratory. Poison. Linked to leukemia, brain, colon, and lymphatic cancer.
- ▶ **MICRO-ORGANISMS (often undetected)**
Live and killed viruses and bacteria or their toxins. Millions of doses of polio vaccine were contaminated with monkey virus (SV-40), now turning up in human bone, lung lining (mesothelioma), brain tumors, and lymphomas.
- ▶ **GELATIN**
Produced from selected pieces of calf and cattle skin, demineralized cattle bones, and pork skin. Allergic reactions have been reported.
- ▶ **ALUMINUM**
Implicated as a cause of brain damage. Suspected factor in Alzheimer’s disease, dementia, seizures, and comas. Allergic reaction can occur on skin.
- ▶ **GENTAMICIN SULFATE AND POLYMYXIN B (ANTIBIOTIC)**
Allergic reactions can range from mild to life threatening.
- ▶ **GLUTARALDEHYDE**
Poisonous if ingested. Causes birth defects in experimental animals.
- ▶ **MERCURY (THIMEROSAL)**
The second-most-toxic element on Earth (after Plutonium). Has an affinity to the brain, gut, liver, bone marrow, and kidneys. Minute amounts can cause brain/nerve damage. Symptoms of mercury toxicity are similar to those of autism.
- ▶ **TRI(N) BUTYLPHOSPHATE**
Suspected kidney and nerve poison.
- ▶ **NEOMYCIN SULFATE (ANTIBIOTIC)**
Interferes with B6 absorption. A deficit in the uptake of B6 can cause a rare form of epilepsy and mental retardation. Allergic reactions can range from mild to life threatening.
- ▶ **PHENOL / PHENOXYETHANOL (2-PE)**
Used in antifreeze; toxic to all cells and capable of disabling the immune system’s primary response mechanism.

Common Adverse Vaccine Reactions

(compiled from vaccine package inserts)

DTaP

local reactions (pain, redness, bruising, swelling, cellulitis, abscess at injection site), allergic/anaphylactic reaction, angioedema, apnea, autism, body ache, brachial neuritis, bronchitis, chills, cough, convulsions (including febrile and grand mal), cyanosis, diarrhea, drowsiness, ear pain, encephalopathy, extensive swelling of the injected limb, facial palsy, fatigue, Guillain-Barré Syndrome, headache, high fever, hypersensitivity, hypotonia, irritability, muscle weakness or spasms, myelitis (swelling of the spinal cord), myocarditis, myositis, nausea, nerve compression, paresthesia, persistent crying, pruritus, rash, respiratory tract infection, screaming, seizures, sensory disorder, sore and swollen joints, sleepiness, swollen lymph nodes, syncope (loss of consciousness), thrombocytopenia, tiredness, unilateral facial paralysis, urticaria, vomiting, Sudden Infant Death Syndrome

Influenza

local reactions (cellulitis, pain, mass, inflammation, ecchymosis, swelling, hemorrhage, hardening, itchiness), abdominal pain, anaphylactic shock, chills, chest tightness, death, diarrhea, difficulty breathing, facial edema, fatigue/weakness, fever, hot flashes/flushes, joint pain, malaise, muscle and joint weakness/pain, nausea, nervous system disorders (including headache, dizziness, neuralgia, paresthesia, confusion, febrile convulsions, Guillain-Barré Syndrome, myelitis, neuritis, paralysis, Bell's Palsy), sore throat, Stevens-Johnson Syndrome, sweating, swollen lymph nodes, syncope, thrombocytopenia, vasculitis, vomiting, wheezing

Hepatitis B

local reactions (itchiness, ecchymosis, swelling, warmth, and nodule formation, pain, tenderness, redness, swelling at injection site), abdominal pain (including cramps, constipation, diarrhea, nausea, vomiting), achiness, agitation, alopecia, anaphylaxis, anorexia, angioedema, arthritis, Bell's Palsy, bronchial spasm, chills, constipation, cough, diarrhea, dyspepsia, dyspnea, dysuria, ecchymoses, edema, elevation of liver enzymes, encephalitis, erythema multiforme, erythema nodosum, eczema, fatigue/weakness, febrile seizure, flushing, Guillain-Barré Syndrome, headache, herpes zoster, high fever, hypesthesia, influenza, insomnia/disturbed sleep,

(continued on page 7)

to withhold a booster because of a severe reaction to a previous vaccine. Incredibly, after shielding vaccine manufacturers and doctors from vaccine injury lawsuits, in 1991, “contraindications” (for the DPT shot) were re-categorized as “precautions.”⁽¹²⁾ After this, caution was discarded; doctors were no longer discouraged from revaccinating despite previous severe reactions.

Package Inserts

Every vaccine comes with a product insert that lists many possible side effects of the vaccine. Most patients have never seen these documents, and it is questionable whether their healthcare providers are aware of what is written on these information sheets. These inserts indicate that *vaccines actually carry great risk*. Every patient is entitled, if not required, to see the package insert before accepting any medical treatment. This is informed consent. Without knowing the true risks, how can parents do an honest risk-benefit analysis? (See example of insert on page 7.)

Scientific Studies on Vaccine Safety

When determining vaccine safety, **long-term studies are never done**. Often, the studies have major design flaws making it easy for them to miss many serious reac-

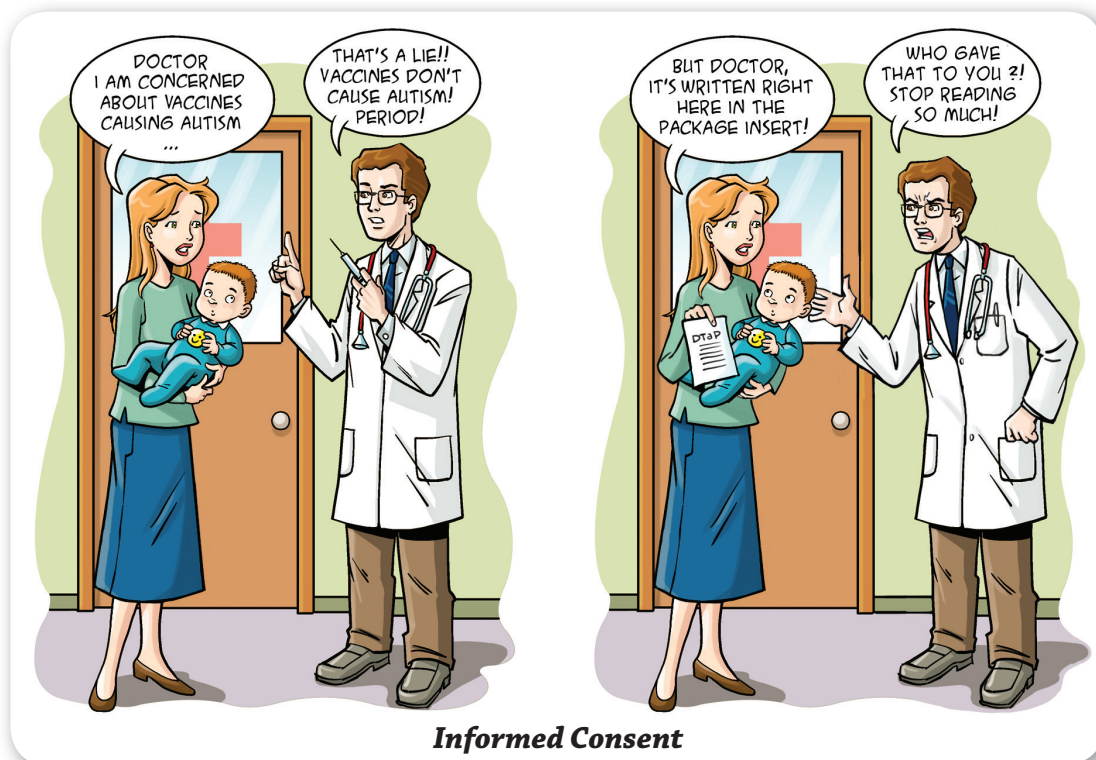
tions. For example, a reaction is counted only if it occurs within an arbitrarily set time period, such as 48 hours, where a reaction on the third day would be labeled “unrelated.” Two to three weeks is considered a normal trial period! Even if there are adverse reactions, researchers usually *do not* follow up with those patients after the brief study period to see whether they have recovered. This would make it *impossible* to track long-term damage from vaccines.

The CDC writes in their Parent's Guide to Childhood Immunizations: “Q. How can we be sure vaccines don't cause long-term problems? A. Tracking vaccinated children for many years looking for long-term health conditions would be impractical...”⁽¹⁰⁾

Additionally, most of the studies are conducted by the vaccine manufacturers themselves, rather than by independent third parties, raising obvious questions about the integrity of these studies. Often, instead of comparing new vaccines to innocuous placebos, such as saline, manufacturers use previously approved vaccines as their “placebo”; a totally unscientific practice.

Revealing Studies

Third-party studies usually report a much higher incidence of adverse reactions. Additionally, when parents are educated about vaccine reactions, and know what to look for,



the numbers are usually very different than those reported by the manufacturers.

One study conducted by a third party on DPT found no reaction in only 7% of patients. Another 7% experienced severe reactions, a full 59% reported moderate reactions, and 27% had mild reactions.⁽⁴⁾ While this study was testing DPT, similar levels of severe adverse events are found with the current acellular pertussis (aP) vaccine.⁽¹¹⁾

Influenza

In 2005, *The Lancet* published a review that concluded, “The safety of influenza vaccines given to babies and children is *unknown*.” They even reported that they “found clear evidence of systematic suppression of data.” When the researchers contacted the vaccine manufacturers for the missing evidence, they were denied access.^(5,6)

DPT

Clinical trials were never conducted in the U.S. on children to determine if the pertussis vaccine was safe. They relied on a British study, which was meant to test only the effectiveness, not the safety of the vaccine. Additionally, while 80% of the children in the study group were at least 14 months old, the U.S. health department used this study as a basis to vaccinate children as young as 6 weeks old!⁽⁴⁾

HPV (Human Papillomavirus)

In one pre-licensure study of 2,392 women, only 768 were included in the final analysis. Incredibly, women who received the series of three shots and then tested positive for HPV16 were excluded from the study.⁽⁷⁾

DTaP Package Insert

208 311
Toxoids and Acellular
Pertussis Vaccine Adsorbed

Rx only

Tripedia®

DESCRIPTION

Tripedia®, Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed (DTaP), for intramuscular use, is a sterile preparation of diphtheria and tetanus toxoids adsorbed, with acellular pertussis vaccine in an isotonic sodium chloride solution containing sodium phosphate to control pH. After shaking, the vaccine is a homogeneous white suspension. Tripedia vaccine is distributed by Sanofi Pasteur Inc.

Additional Adverse Reactions:

- As with other aluminum-containing vaccines, a nodule may be palpable at the injection sites for several weeks. Sterile abscess formation at the site of injection has been reported.^{3,5,6}
- Rarely, an anaphylactic reaction (ie, hives, swelling of the mouth, difficulty breathing, hypotension, or shock) has been reported after receiving preparations containing diphtheria, tetanus, and/or pertussis antigens.³
- Arthus-type hypersensitivity reactions, characterized by severe local reactions (generally starting 2-8 hours after an injection), may follow receipt of tetanus toxoid.
- A few cases of peripheral mononeuropathy and of cranial mononeuropathy have been reported following tetanus toxoid administration, although available evidence is inadequate to accept or reject a causal relationship.³⁷
- A review by the Institute of Medicine (IOM) found evidence for a causal relationship between tetanus toxoid and both brachial neuritis and Guillain-Barré syndrome.³⁷
- A few cases of demyelinating diseases of the CNS have been reported following some tetanus toxoid-containing vaccines or tetanus and diphtheria toxoid-containing vaccines, although the IOM concluded that the evidence was inadequate to accept or reject a causal relationship.³⁷

Adverse events reported during post-approval use of Tripedia vaccine include idiopathic thrombocytopenic purpura, **SIDS**, anaphylactic reaction, cellulitis, **autism**, convulsion/grand mal convulsion, encephalopathy, hypotonia, neuropathy, somnolence and apnea. Events were included in this list because of the seriousness or frequency of reporting. Because these events are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequencies or to establish a causal relationship to components of Tripedia vaccine.²

Reporting of Adverse Events

The National Vaccine Injury Compensation Program, established by the National Childhood Vaccine Injury Act of 1986, requires physicians and other health-care providers who administer vaccines to maintain permanent vaccination records of the manufacturer and lot number of the vaccine administered in the vaccine recipient's permanent medical record along with the date of administration of the vaccine and the name, address and title of the person administering the vaccine. The Act (or statute) further requires the health-care professional to report to the Secretary of the US Department of Health and Human Services, the occurrence following immunization of any events set forth in the statute or the Vaccine Injury Table, including anaphylaxis or anaphylactic shock within 7 days; encephalopathy or encephalitis within 7 days, brachial neuritis within 28 days; or an acute complication or sequelae (including death) of an illness, disability, injury, or condition referred to above, or any events that would contraindicate further doses of vaccine, according to this Tripedia vaccine package insert.^{38,39}

In clinical trials, 93% of women who received the HPV vaccine reported adverse reactions within 15 days. Many women even withdrew from the study to avoid further reactions.⁽⁸⁾ *There were 17 deaths during the clinical trials, but investigators dismissed these events, claiming that they were unrelated to the shots!*⁽⁹⁾

“Vaccines are not unsafe. Indeed, they are arguably the safest best-tested medical products we put into our bodies. The claim that vaccines cause permanent harm or disabilities is simply incorrect.”

—Paul Offit, MD, Patent-holder for the Merck rotavirus vaccine. (The first rotavirus vaccine, RotaShield® was taken off U.S. market in 1999 after causing a number of deaths.)

The Jam-Packed Schedule

Vaccines such as MMR and DTaP are combined for convenience, not health. The risk of unnaturally exposing children to many diseases at once through the vaccination process has not been evaluated. We must wonder why health authorities have not conducted any studies to determine the safety of their current practices.

Before believing the conclusions drawn by the vaccine manufacturers, take a look at the scientific data they are

using to make their claims. You will be amazed to discover that the evidence often contradicts their conclusions. While a parent's goal is to protect their children, the pharmaceutical industry may have other goals....

Common Adverse Vaccine Reactions

(continued)

irritability, joint disorders, lightheadedness, lupus, malaise, meningitis, migraine, multiple sclerosis, myalgia, myelitis, nausea, neck stiffness, pain (including back, neck, shoulder), optic neuritis (including conjunctivitis, visual disturbances, and uveitis) palpitation, paresthesia, peripheral neuropathy, persistent crying, petechiae, pharyngitis, pruritus, radiculopathy, seizure, sleepiness, Stevens-Johnson Syndrome, sweating, swollen lymph nodes, syncope, tachycardia, tinnitus, thrombocytopenia, upper respiratory infection, urticaria, vasculitis (including polyarteritis nodosa), vertigo/dizziness, vomiting

IPV (Polio)

local reactions (mass, pain, rash, redness, swelling at injection site), agitation, allergic reaction, anaphylactic reaction, anaphylactic shock, anorexia, convulsions and febrile convulsion, drowsiness, Guillain-Barré Syndrome, headache, high fever, irritability, joint pain, myalgia (muscle pain), paresthesia, persistent crying, sleepiness, swollen lymph nodes, tiredness, urticaria, vomiting

HIB

local reactions (pain, redness, swelling at injection site), allergic reactions, anaphylaxis, angioedema, anorexia, convulsions, drowsiness, extensive limb swelling, high fever, irritability, pruritus (itchiness), peripheral edema, persistent crying, urticaria, vomiting

Pneumococcal

local reaction (cellulitis, pain, itchiness, redness, soreness, swelling/hardening of injection site), anaphylactoid reactions, angioneurotic edema, arthritis, back pain, chills, decreased limb mobility, diarrhea, dyspepsia, ecchymosis, erythema multiforme, febrile convulsion, fever, Guillain-Barré Syndrome, headache, hemolytic anemia, joint pain, leukocytosis, malaise, myalgia, nausea, neck pain, paresthesia, pharyngitis, radiculoneuropathy, rash, serum sickness, swelling of injected limb, swollen lymph nodes, thrombocytopenia, upper respiratory infection, urticaria, vomiting, weakness/fatigue

Rotavirus

cough/runny nose, diarrhea, fever, fussiness/irritability, gastroenteritis, hematochezia, idiopathic thrombocytopenic purpura, Kawasaki disease, loss of appetite, maladministration, recurrent intussusception (including death), vomiting

(continued on page 8)

Common Adverse Vaccine Reactions

(continued)

Meningococcal

apnea, arthralgia (joint pain), balance disorder, bone pain, change in eating habits, chills, diarrhea, dizziness, ear pain, elevation of liver enzymes, eyelid ptosis (drooping eyelid), facial nerve paralysis, fatigue, fever, Guillain-Barré Syndrome, headache, hearing impairment, hypersensitivity, irritability, malaise, myalgia, nausea, oropharyngeal pain, persistent crying, rash, seizure, skin exfoliation, sleepiness, syncope, vertigo, vestibular disorder, vomiting

MMR

local reaction (blistering, burning/stinging, hardening, itchiness, redness, swelling, tenderness of injection site), anaphylaxis, arthritis, joint pain, ataxia (lack of muscle coordination which may affect speech, eye movements, ability to swallow, walking, picking up objects), atypical measles, bronchial spasm, cough, death, diabetes (type 1), diarrhea, dizziness, ear infection, ear nerve deafness, encephalitis, eye retinitis, febrile convulsions, fever, Guillain-Barré Syndrome, headache, irritability, leukocytosis, malaise, measles, mumps (including epididymitis, orchitis, parotitis), severe skin reactions, myalgia, nausea, ocular palsies, optic neuritis (including conjunctivitis, papillitis, and retrobulbar neuritis), pancreatitis, peripheral or facial edema, pneumonia, polyneuritis, rhinitis, seizures, sore throat, Subacute Sclerosing Panencephalitis (SSPE), swollen lymph nodes, syncope, thrombocytopenia, vasculitis, vomiting

Chicken-Pox (Varicella)

local reaction (redness, hematoma, hardening, numbness, itchiness, pyrexia, rash, soreness, swelling, of injection site), anaphylaxis (including anaphylactic shock), angioneurotic edema, aplastic anemia, aseptic meningitis, ataxia, Bell's Palsy, cellulitis, cerebrovascular accident, dizziness, encephalitis, erythema multiforme, facial edema, Guillain-Barré Syndrome, Henoch-Schönlein Purpura, herpes zoster, impetigo, necrotizing retinitis, non-febrile seizures, paresthesia, peripheral edema, pneumonia/pneumonitis, Stevens-Johnson Syndrome, thrombocytopenia, transverse myelitis, varicella (vaccine strain)

HPV (Gardasil)

local reactions (pain, redness, swelling at injection site), acute disseminated encephalomyelitis, alopecia, anaphylactic/anaphylactoid

No Causal Relationship?

Vaccine manufacturers will cite many possible adverse reactions, and then write, "however, no causal relationship has been established." This is a strange statement, as there is ample evidence to establish a strong causal relationship between vaccines and associated reactions. Vaccines are frequently approved despite obvious evidence of their dangers or ineffectiveness. The above examples are illustrative of virtually every vaccine on the market.

In response to the question of how the CDC could ethically promote vaccines whose safety has not been proven, they give the outrageous response that "withholding new vaccines from children who would benefit from them while long-term studies were being done would be unethical."¹⁰ If studies would prove that these vaccines are dangerous, wouldn't it be more unethical to administer them? Not only are vaccines not withheld, but they are actually forced upon us via government mandate...

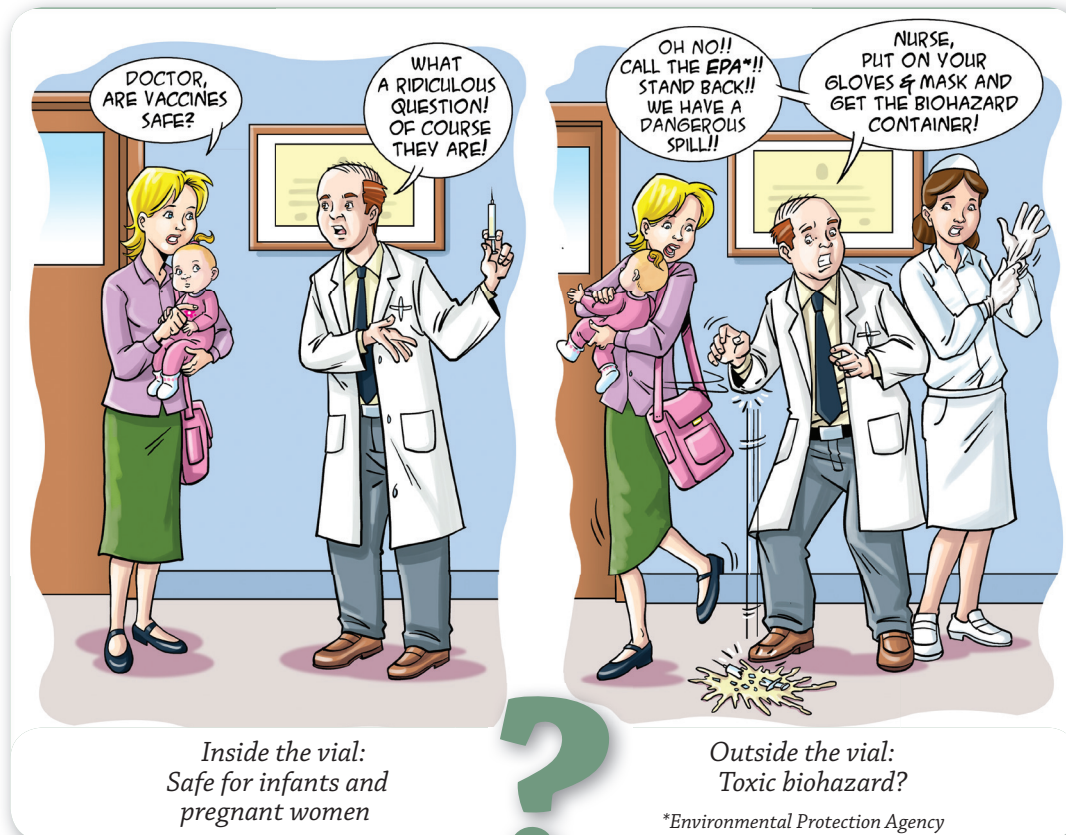
Once a vaccine is publicly administered, high levels of adverse events accumulate. Nonetheless, it is rare for a vaccine to be removed from circulation no matter how much damage it is causing. One likely reason for this is the health department's fear that withdrawing a vaccine may elicit public concern about vaccine safety and possibly cause large-scale vaccine rejection. Despite clear evidence that vaccines cause harm in at least hundreds of thousands of people yearly, the CDC has decided that they are nonetheless worthwhile.

As long as health authorities neglect to conduct long-term studies on individual vaccines, as well as the vaccine schedule as a whole, their assertion that "the benefits outweigh the risks" is baseless. If they have not done a proper risk-benefit analysis, we must do one for ourselves. 🍎

Common Adverse Vaccine Reactions

(HPV continued)

reactions, ankylosing spondylitis (inflammatory disease of the spine), autoimmune diseases (including hemolytic anemia, thrombocytopenia, thyroiditis), arthritis, abdominal pain, bronchospasm, blood clots, brain inflammation, celiac disease, cellulitis, chills, cough, death, deep venous thrombosis, diabetes mellitus insulin-dependent, diarrhea, dizziness, disabling fatigue, erythema nodosum (inflammatory condition), facial paralysis, fever, Guillain-Barré Syndrome, headache, heart problems, hyperthyroidism, hypothyroidism, inflammatory bowel disease, insomnia, joint pain, lupus, multiple sclerosis, malaise, motor neuron disease, myalgia (muscle pain and weakness), myocarditis (inflammation of the heart), nausea, nephritis (kidney disease), optic neuritis, oropharyngeal pain, pancreatitis, paralysis, pigmentation disorder, pulmonary embolus, proteinuria, psoriasis, Raynaud's phenomenon, rheumatoid arthritis, scleroderma/morphea, seizures, Stevens-Johnson Syndrome, stroke, sudden collapse with unconsciousness within 24 hours, swollen lymph nodes, syncope, transverse myelitis, upper respiratory tract infection, urticaria, uveitis, vomiting



Timeline

A Vaccine History

After a coercive four-year smallpox vaccination campaign reaching 97.5% of the population, England experienced its worst smallpox epidemic of the century, claiming more than 44,000 lives.

(Campaign Against Fraudulent Medical Research Newsletter, 1995)

1871–1872

The World Health Organization has pointed out that the key to the eradication of smallpox was switching from mass vaccination, which was not working, to containing the disease through isolation.

(Bulletin of the World Health Organization, 1975)

Researchers at Rockefeller Institute in Manhattan experimented with passing poliovirus through spinal cord tissue of Rhesus monkeys 'with the hope of increasing its virulence.' This same year, the largest and most deadly outbreak of polio occurred. Brooklyn, New York, the epicentre of the outbreak, was a mere three miles from Rockefeller Institute, where the polio experiments took place.

(H.V. Wyatt, The Open Vaccine Journal, 2011, 4, 13–17)

1916

In 1967, Ghana was declared measles-free by the World Health Organization after 96% of its population was vaccinated. In 1972, Ghana experienced one of its worst measles outbreaks ever with the highest mortality rate.

(Dr. H. Albonico, MMR Vaccine Campaign in Switzerland, March 1990)

1967–1972

In the U.K. between 1970 and 1990, over 200,000 cases of whooping cough occurred in fully vaccinated children.

(Community Disease Surveillance Centre, UK)

1970–1990

Sweden abandoned the whooping cough vaccine due to its ineffectiveness. Out of 4,140 cases in 1978, it was found that 84 percent had been vaccinated three times!

(British Medical Journal 283: 696-97, 1981)

1979

The February 1981 issue of the Journal of the American Medical Association found that 90% of obstetricians and 66% of pediatricians refused to take the rubella vaccine.

1981

Canada suspended use of an MMR vaccine that caused many cases of aseptic meningitis. Despite its track record, this same MMR vaccine was introduced in the United Kingdom. More deadly cases of meningitis ensued.

(American Journal of Epidemiology, 2007, Vol. 165, No. 6)

1989-1992

In the New England Journal of Medicine, July 1994 issue, a study found that over 80% of children under five years of age who had contracted whooping cough had been fully vaccinated.

1994

97% of people who caught the mumps during the 2009 outbreak had been vaccinated.

(New England Journal of Medicine 2012; 367:1704-1713)

2009

While experimenting with vaccines, French immunologist, Charles Richet coined the term "ana-phylaxis" (meaning against protection) to explain a manmade deadly reaction to harmless substances caused by injections with the newly invented hypodermic needle.

(Peanut Allergy Epidemic, Heather Fraser, 2011)

1901

Austrian pediatrician, Clemens von Pirquet, coined the term "allergy" to describe a vaccine-induced condition that caused hypersensitivity and chronic illness.

(Peanut Allergy Epidemic, Heather Fraser, 2011)

1906

Eli Lilly experimented with the mercury derivative thimerosal on 22 patients with meningitis. All 22 subjects died; seven of them within one day of thimerosal administration. Lilly used this study as the basis for the safety of thimerosal, and they've been putting it into vaccines ever since...

1929

In the U.S. in 1960, two virologists discovered that both polio vaccines were contaminated with the SV 40 virus, which causes cancer in animals as well as changes in human cell-tissue cultures. Millions of children had been injected with these vaccines.

(Medical Journal of Australia, March 17, 1973, p.555)

1960

A survey of 30 states in the U.S. revealed that more than half of the children who contracted measles had been adequately vaccinated.

(The People's Doctor, Dr. Robert Mendelsohn)

1978

In the U.S., the cost of a single DPT shot had risen from 11 cents in 1982 to \$11.40 in 1987. The manufacturers of the vaccines were putting aside \$8.00 per shot to cover legal costs and damages they were paying out to parents of brain-damaged children and children who died after vaccination.

(The Vine, no. 7, January 1994, Nambour, Qld)

1982–1987

The Journal of the American Medical Association published an article on measles that stated, "Although more than 95% of school-aged children in the U.S. are vaccinated against measles, large measles outbreaks continue to occur in schools and most cases in this setting occur among previously vaccinated children."

(JAMA, November 21, 1990)

1990

On January 10th, Robert F. Kennedy Jr. met with the then-president elect at Trump Tower in NY. He reported to the press that Trump had asked him to head a "vaccine safety and scientific integrity" commission. Within hours, a Trump spokesperson qualified Kennedy's statements, saying the president "is exploring the possibility of forming a commission on Autism ... however no decisions have been made."

(Science Magazine, Feb. 15, 2017)

2017



“Are we trading transient childhood diseases for a lifetime of chronic illness?”

- ▷ Asthma
- ▷ Chronic bronchitis
- ▷ Anaphylaxis
- ▷ Allergies
- ▷ ADD/ADHD
- ▷ Autism
- ▷ Dyslexia
- ▷ Learning disabilities
- ▷ Crohn's disease
- ▷ Ulcerative colitis
- ▷ Infertility
- ▷ Guillain-Barre Syndrome
- ▷ Eczema
- ▷ Shingles
- ▷ Diabetes
- ▷ Obesity
- ▷ Hypothyroidism
- ▷ Hyperthyroidism
- ▷ Alzheimer's disease
- ▷ Childhood Leukemia
- ▷ Cancer
- ▷ Blindness
- ▷ Deafness
- ▷ Epilepsy
- ▷ Depression
- ▷ Bipolar Disorder
- ▷ Rheumatoid arthritis
- ▷ Juvenile arthritis
- ▷ Colic/high pitched screaming
- ▷ Infantile insomnia

How Dangerous Are The Diseases?

There is great fear of contagious disease. However, we have an incomplete understanding of the actual risks of “vaccine preventable diseases.” For example, almost everybody has heard:

Measles: Extremely contagious/encephalitis (brain inflammation)

Mumps: Male sterility

Rubella: Birth defects

Polio: Paralysis/iron lungs

Pertussis/whooping cough: Compromised breathing and death in infants

Tetanus: An incurable infection that causes paralysis and is invariably deadly

These examples illustrate virtually the only thing most people know about these diseases. Until now, the partial information the public has received about the dangers of the diseases has inevitably led to widespread fear and therefore faithful acceptance of vaccines.

Do we know:

- ▷ How frequently these diseases occur?
- ▷ How often they produce these side effects?
- ▷ Whether the numbers cited by health authorities have any basis in reality?
- ▷ Whether there are any risk factors that make complications from these diseases more or less likely?
- ▷ How vaccines have affected the epidemiology of these diseases?
- ▷ Whether vaccines have reduced the incidence of the feared consequences of these diseases?
- ▷ Whether other treatments besides vaccines exist?

Below, we provide a brief overview of some important but little-known facts about these diseases. It becomes apparent that selective information can be misleading enough to make it impossible to make a truly educated decision about vaccines. You can find answers to the above questions through further reading. After reading this handbook, if you like,

take a look at the recommended book list found at the back of this handbook.

Diseases for which there are vaccines are not all equal. We have categorized them below in the hopes of clarifying their true relevance in our lives. For the sake of brevity, this list does not include every disease for which there is a vaccine. Conduct your own research to find out more about the diseases mentioned, as well as those that are not.

While some of these diseases can be interchanged within these categories, the medical establishment would have us believe that all “vaccinable” diseases fall into the realm of dangerous or deadly. This is far from the truth.

There are:

- ▷ Diseases that are frightening and possibly dangerous,
- ▷ Diseases that are low risk or generally harmless, and
- ▷ Diseases that are irrelevant to most populations.

FRIGHTENING DISEASES

Pertussis/ Whooping Cough

Pertussis is a genuinely frightening disease, which despite massive vaccination coverage is still transmitted today. However, death rates from the disease have declined dramatically since the early 1900s, before the vaccine became available.⁽⁴⁾ The most likely reason is improved standard of living and nutrition.

In 2010, out of 27,500 cases of whooping cough reported in the U.S., there were 27 deaths, 25 of which occurred in children under 1 year old.⁽¹⁾ This does not come close to the average 10,000 annual cases of Sudden Infant Death, 70% of which may be caused by the DTaP vaccine.⁽¹¹⁾

The vaccine for whooping cough is highly reactive; in addition to SIDS, it has been correlated with brain damage and many other severe side-effects. One study found that the DTaP vaccine caused severe reactions (such as brain inflammation) in 1 out of 106 babies.⁽¹²⁾

This was almost double the rate of the original whole-cell pertussis vaccine,⁽¹³⁾ which was removed from circulation due to the tremendous incidence of adverse reactions.

Additionally, the vaccine is not very effective in protecting against the disease. According to the *Journal of the American Medical Association*, “Whooping Cough infections are common in an immunized population.” The *British Medical Journal* states, “In 1979 Sweden abandoned the whooping cough vaccine. Out of 5,140 cases in 1978, it was found that 84% had been vaccinated three times.” The fact that this vaccine comes in 5 doses speaks volumes of its inability to render permanent immunity (see below for more about booster shots).

“In the USA in 1978, they mandated vaccination [and] it resulted in a three fold increase in the reported incidence of whooping cough.”

—Viera Scheibner PhD (from *Tokai Journal of Experimental Biology and Medicine*, 1988)

Polio

Polio is an oral-fecal disease which is contracted via contact with excrement, not sneezes, of infected (or recently vaccinated) persons. We have put it in this category because society is terrified of it, since it has a track record of causing paralysis.

Vaccines have been given a lot of credit for eradicating the disease, but in truth, statistics have shown that for reasons unrelated to the vaccine, polio was already declining before vaccination was introduced.^(4,5) In fact, after the introduction of the vaccine in the U.S., cases of polio nearly doubled!⁽⁶⁾ In 1954, after the introduction of the vaccine, the CDC changed the diagnostic criteria for polio, labeling most cases that would have previously been diagnosed as polio as “acute flaccid paralysis”. Subsequent years saw 30,000 new paralysis cases yearly given this alternate diagnosis, thereby “eradicating” the disease with the sweep of a pen. Acute flaccid paralysis is on the rise, and is clinically indistinguishable from polio.⁽⁷⁾

Diphtheria

Diphtheria is no longer found in developed countries. In the words of pediatrician, Robert Mendelsohn, M.D., “Today your child has as much chance of contracting diphtheria as he does of being bitten by a cobra.”⁽⁵⁾

Again, vaccination is given undeserved credit for the disease’s eradication. In the 1940s, countries that introduced the vaccine saw a dramatic *increase* in disease incidence.^(3,8) During the same period, countries such as Sweden saw diphtheria decline, despite the fact that they did not vaccinate against it.^(3,9)

In 1975, an FDA report concluded that the diphtheria vaccine “is not as effective an immunizing agent as might be anticipated” and that the disease may occur in vaccinated individuals.⁽¹⁰⁾ Historically, during outbreaks at least 50% of those who contracted the disease were vaccinated. Additionally, in the U.S. diphtheria declined at the same rates in states where few children were vaccinated as it did in those with mandatory vaccination policies.⁽⁵⁾

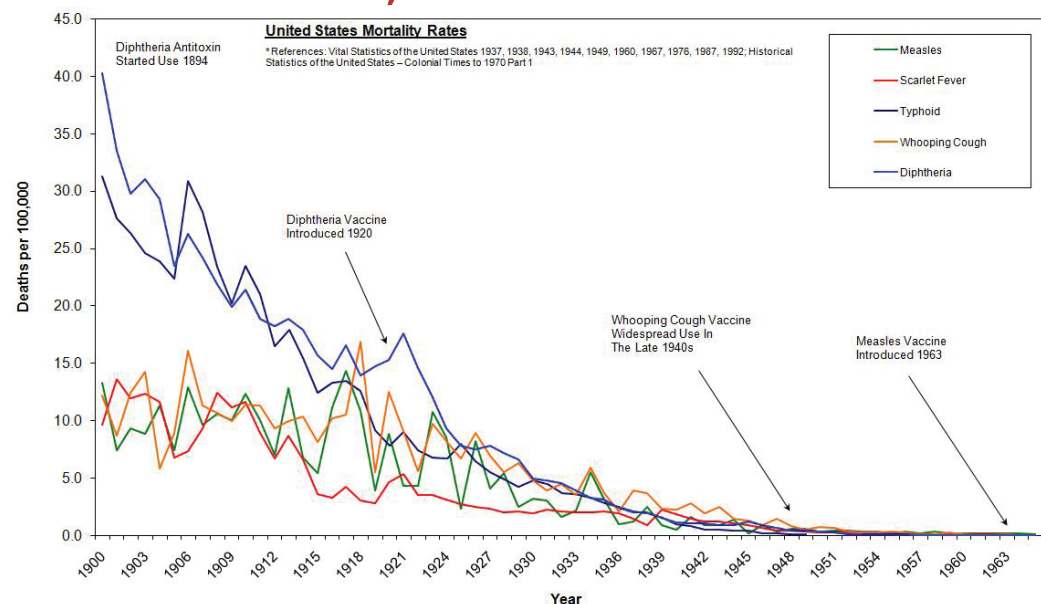
Low-Risk Diseases

Most childhood diseases fall into this category. In the 1960s, after the vaccine for measles, mumps, and rubella was introduced, the media began to inflate the dangers of these diseases

- ▶ Infantile encephalitis
- ▶ Autoimmune disease
- ▶ Paralysis/brain damage
- ▶ Multiple sclerosis
- ▶ Demyelinating polyneuropathy
- ▶ Subacute sclerosing panencephalitis
- ▶ Acute transverse myelitis
- ▶ Chronic ear infection
- ▶ Chronic strep throat
- ▶ Chronic fatigue syndrome
- ▶ Migraines
- ▶ Meningitis
- ▶ Kidney failure
- ▶ Failure to thrive

This is not an exhaustive list. Vaccines are a major contributing factor to many other chronic diseases as well...

Sanitation, Nutrition and Improved Living Conditions, NOT Vaccines, Reduced Disease Incidences



in order to compel the public to vaccinate. The same thing has happened in recent years with chicken pox. Who was scared of chicken pox before the vaccine was introduced? Media-induced fear-mongering made these vaccines seem like a necessity. These diseases only become greatly feared after they become “preventable.”

Unlike natural immunity from the diseases themselves, vaccines do not impart lifelong immunity. This is the reason for booster shots, which are taken for granted as a routine part of vaccination. What many do not realize is that the reason for repeated boosters is that immunity from vaccines usually wanes over time. Booster shots are intended to solve this problem. However, immunity usually declines shortly after repeated boosters as well...⁽³⁾

“The big secret among ‘vaccinologists’ is that anywhere from 20 to 50% of children are not resistant to the diseases for which they have been immunized.”

—Dr. Russell Blaylock M.D.,
“The Truth Behind the Vaccine Cover-Up”

When mothers contracted these diseases during childhood, their infants received natural immunity at birth, which lasted 15 months. Vaccinated mothers no longer protect their infants, and these vaccines are ineffective on infants as well. The sad irony is that because of vaccines, we are left with many adults and infants who are no longer resistant to many diseases. While these diseases are harmless to most children, they impart a much greater risk to adults and infants.

The MMR Vaccine

There is little doubt that the MMR vaccine has been effective in reducing the incidence of the three diseases it is intended to prevent. But at what cost? Few parents would risk their child’s health—or even life—with vaccines just because a disease is inconvenient, and may cost them work days. The reason people are willing to accept the risks of vaccines is because they are afraid of the dangers of the diseases.

What if the MMR vaccine were damag-

ing more children than the diseases? With deafness, disability, and mental retardation on the rise, we must take a step back and ask whether vaccines are accomplishing their original goal of preventing children from being harmed or killed. Or have vaccines perhaps become a greater threat to our children’s health than the diseases they are intended to prevent?

“I almost died of Tetanus because I didn’t get my booster shot and was infected with it from a rusty nail.”

There are many anaerobic bacteria that can take up residence in deep puncture wounds. Although wound infection is common, tetanus is rarely the offending bacterium. In the U.S., there are only about 4 deaths per year due to tetanus infection. Tetanus is an anaerobic bacteria found in the feces of farm animals. It does not usually lie dormant on rusty nails, though other anaerobic bacteria may have been present at the time of injury.

If you receive the tetanus booster, which is actually the DTaP vaccine, it will do nothing to protect you from myriad infectious bacteria. The vaccine’s ability to protect against all wound infections is little more than an illusion. Since vaccines can suppress the immune system, there is reason to be concerned that a tetanus shot may put one at greater risk for wound infection.

Measles

Up until the early 1900s, measles deaths were common in both the U.S. and England. Average death rates ranged around 8% in the U.S. and 30% in England. This was apparently due to poor living conditions and malnutrition, both rampant at that time.

As living conditions improved, and before the MMR vaccine was introduced, death rates declined to between

0.03% and 0.00003%. In 1963, right before the introduction of the measles vaccine, there were between 0 and 3 deaths in children due to measles in various U.S. states.⁽³²⁾

The number of deaths from measles in children in impoverished countries is much greater. Mortality rates are 200 to 400 times higher in malnourished children. These rates are added indiscriminately to statistics making measles look much more dangerous to children in affluent countries than it really is.⁽³²⁾

“Children in Third World countries need improved vitamin A and general nutrition status, not vaccines.”

—Dr. Viera Scheibner

Though measles is highly contagious, inconvenient, and uncomfortable, it rarely causes harm in properly nourished children in affluent countries. However, the live virus MMR vaccine carries considerable risks. The following is a partial list of possible, often-permanent adverse reactions to the vaccine: deafness, seizures, convulsions, autoimmune disorders, chronic bowel disease, encephalitis, brain damage (such as autism), and death.⁽¹⁵⁾

The CDC claims that the odds of encephalitis from measles are 1/1000. However, this number is probably only accurate in malnourished children. The real odds of a child in a first world country, being disabled by encephalitis from measles is between 1/10,000 and 1/100,000. There was also a belief among doctors that when a child experienced photophobia (light sensitivity), it could lead to blindness; an unfounded claim.⁽⁵⁾

According to Dr. William Atkinson, senior epidemiologist with the CDC, in some large outbreaks, over 95% of those who contract measles had been vaccinated.^(3,14) According to the World Health Organization, during an outbreak vaccinated people have about a 15 times greater chance of contracting measles than unvaccinated.⁽⁵⁾

Additionally, after the introduction of the vaccine, a strange form of measles,

called “atypical measles” appeared. Occurring only in vaccinated individuals, the disease lasted much longer and carried much greater risks than the original illness.^(16, 32)

Note: Vitamin A supplementation has been shown to reduce complications from measles, while fever reducers or antibiotics may increase the odds of complications.

Mumps

Mumps is not a serious illness when caught during childhood. As mentioned above, adults are now at greater risk of contracting mumps where it has the potential to do more damage. One particular concern is for orchitis in boys, a reaction that only occurs after puberty and carries a very small chance of causing sterility.

Ironically, because of the vaccine, there has been an epidemiological shift in the incidence of mumps. Before the vaccine, the disease occurred primarily in children under 14 years of age, but by 2004, over 79% of cases occurred in people over 15.⁽¹⁷⁾ Additionally, in outbreaks the majority of people who contract the disease have been fully vaccinated.⁽³⁾

Rubella

Rubella is a harmless disease in children. The purpose of the vaccine was to protect expectant mothers, since the disease can cause birth defects if contracted during the first trimester. With an astounding lack of foresight, vaccinating children has deprived many adults of lifelong immunity. Since vaccination does not usually confer permanent immunity, adults lacking natural immunity are more likely to contract the disease precisely when it can cause harm. The irony is that the best way to protect mothers would have been for them to contract the disease naturally as children, which vaccination has prevented.

Note: Vaccinating women before or during pregnancy carries a significant risk to the fetus of causing congenital rubella syndrome (CRS). Some epidemiological data has shown that cases

of CRS have increased since the MMR vaccine was introduced.⁽³¹⁾

Varicella/ Chicken Pox

Despite recent media hype about the dangers of chicken pox, most are still aware that chicken pox is an innocuous disease. The vaccine however is not. According to the FDA, serious reactions (including life-threatening events, disabilities, and deaths) have occurred in anywhere from 4–14% of those vaccinated!⁽¹⁸⁾ Compare these numbers to the miniscule risk of complications from the disease itself.^(3,19) Additionally, the varicella vaccine has caused a huge increase in the once rare shingles disease, an infection significantly more painful and chronic than chicken pox.⁽²⁰⁾ Their response? A shingles vaccine.

Influenza

Through aggressive marketing, the media has been instrumental in convincing the public that the flu is a deadly disease that kills thousands annually. According to the CDC’s vital statistics (NCHS), influenza and pneumonia were the ninth leading cause of death in 2010 with 50,097 deaths. Understandably, this is why most doctors recommend the flu shot. Further analysis of the data reveals that out of all those deaths, 49,597 were from pneumonia, and only 500 were from the flu!

This deceptive lumping of disease data convinces the public of the danger of influenza, making the flu shot seem like a lifesaving necessity.⁽²¹⁾

Pneumonia commonly occurs in debilitated hospitalized patients; it may portend death, but it is rarely associated with flu. Aside from the rarity of flu deaths, the vaccine is not usually capable of preventing the disease, since it rarely matches the circulating virus strain. Inexplicably, the flu shot is recommended regardless of its minimal effectiveness.

Also, according to the package insert, the shot can cause “flu-like symptoms”. Many experience the flu shortly after vaccination.⁽²⁷⁾ One Canadian study looked at four observational studies and found that in 2008-2009, H1N1 vaci-

nation was associated with a 1.4 to 2.5% increased risk of contracting the flu virus.⁽²⁸⁾ The Cochrane Database has stated in two studies, that there is no data to support efficacy in children under two, and in adults.^(29, 30)

“There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza.”

—Dr. Anthony Morris,
Former Chief Vaccine Officer at the FDA

The flu is actually of little concern, compared to the serious damage the shot is capable of, including disability and death. The CDC admits that the flu vaccine can cause Guillain-Barré syndrome, a debilitating paralytic condition. They play down the seriousness of this condition while emphasizing the dangers of the flu,⁽³⁵⁾ making us wonder who decides which diseases the public should fear...

Irrelevant Diseases

Hepatitis B

Hepatitis B is a rare viral infection. It is spread through blood and body fluids and primarily affects IV drug users and promiscuous individuals. It is rarely found in children. The only babies who are at risk of contracting it are those whose mothers carry the disease, or in the unlikely event that they receive a

Although I am introverted by nature, I worked up the courage to ask the nurse at my pediatrician’s office for the package insert before receiving a vaccine for my child. She disappeared into the back room for a long time, while I waited... Eventually she returned with a booklet from the CDC explaining the importance of vaccinating.

“This is not what I asked for,” I told her. She sent me on a wild goose chase, but I could not extract the document from anyone. I left the office without the drug info, and without accepting the vaccine for my child. What were they trying to hide?

—Concerned mother,
New Jersey

blood transfusion from an infected donor. *The vaccine has been administered to infants less than a day old since 1991.*

Why are babies given this vaccine?

The vaccine manufacturers admit that it is given to babies because they do not have access to the population actually at risk of contracting the disease. In the words of the GlaxoSmith-Kline product insert, infants are vaccinated for Hep B “because a vaccination strategy limited to high-risk individuals has failed,”⁽²²⁾ and children are “accessible.”⁽²⁾ So in essence, newborns are exposed to the risks of a vaccine for a disease irrelevant to them to protect IV drug users, and others with risky lifestyles.

The National Vaccine Information Center has received reports of many adverse reactions to this vaccine including, chronic eczema, seizures, arthritis, autoimmune disorders, diabetes, and infant death. According to researcher, J. Barthelow Classen, M.D. the vaccine causes approximately 10,000 cases of diabetes each year in the U.S.⁽³⁾

When information from the U.S. government’s Vaccine Adverse Event Reporting System was analyzed, the number of serious adverse reactions to the vaccine in children by far outnumbered cases of the disease.⁽⁴⁾ In 1993, *Pediatrics* magazine reported that according to surveys, up to 87% of pediatricians did not believe the vaccine was appropriate for their newborn patients. Many doctors refuse to be vaccinated with HepB, even though it is recommended for them.

Within a day of receiving vaccines, my son’s entire personality changed. He stopped smiling, crying and making eye contact. He stopped eating and began to lose weight. This went on for months, and he was diagnosed with “failure to thrive.” Thankfully he eventually came out of it.

I still remember calling the pediatrician immediately after he “shut down” and asking her if it could have been because of the vaccines he had just received. She responded that it could not possibly have been from the vaccines, and that vaccines are very safe.

Since then I have discovered that many other parents have seen the same sudden regression in their children after receiving vaccinations. Many of them never recovered and are still disabled today. What good is a doctor’s worthless reassurance when reality is contrary to their claims? If my doctor would have realized the obvious, maybe she could have prevented other children from being harmed.

—Z.C. (Boro Park)

Real People, Real Conversations



HPV (Gardasil)

Human Papillomavirus is an STD. Some strains of HPV may in rare instances cause cervical cancer. However, no study was conducted for a time period long enough to prove that the vaccine has prevented even a single case of cancer.⁽²⁴⁾ Additionally, the vaccine only targets 9 out of the over 100 strains of HPV that exist.

The greatest problem with this vaccine is that it has caused huge numbers of severe reactions in young girls and women.⁽²³⁾ Many American parents only allow their children to receive this vaccine out of fear of promiscuous behavior. The HPV vaccine is now being routinely administered to very young girls, who are hopefully at no risk of contracting this disease. **Scientist, Dr. Diane M. Harper, who spent 20 years developing the HPV vaccine, stated, “The vaccine is not for young girls, and not only may not protect them, but may cause the rates of cervical cancer to increase.”**⁽²⁴⁾

Since the vaccine was released in 2006, according to VAERS there have been more than 50,000 adverse reactions reported. Due to vast under-reporting, this may be only a small percentage of actual cases. Hundreds of young women required extended hospital care.⁽³⁾ Incredibly, warts and lesions (including precancerous lesions) in the cervical area and HPV infection have been reported in association with the vaccine. Additionally, **as of 2016, at least 317 young women have died after receiving HPV shots.**^(23,33,34)

Tetanus

Tetanus is a rare non-contagious bacterial infection. It is anaerobic and cannot survive if there is oxygen; it can only develop if it is contracted through deep serious wounds, exposed to animal feces. In the early 1900s, before the vaccine was introduced, tetanus cases in wounded American soldiers had dropped 92%, and continued to decline to .44 in 100,000 cases by World War II. Researchers attribute this to better wound hygiene.⁽²⁵⁾

In developed countries, there are approximately 5 to 35 cases of tetanus annually, with about 4 deaths per year in the U.S. Most of the deaths occurred in people over age 50; only 5% of tetanus cases occurred in individuals under 20 and these cases were rarely fatal.^(25,26) Yet, as part of the DTaP shot, this vaccine is given to billions of infants. 🍅

“Anyone old enough to remember the 1950s will remember the panic caused by polio—a virus that left up to 20,000 people paralyzed each year, unable to walk or sometimes even to breathe...Thanks to polio vaccine, there has not been a case of polio in the United States in years.”
—From the 2012 CDC’s “Parent’s Guide to Childhood Immunizations”

Paralytic Polio: a New Disease

Poliovirus is a mild gastrointestinal disease that has existed for thousands of years. Nearly every human on earth was naturally exposed to all three strains of the disease and recovered without incident. The turn of the 20th century (during isolated outbreaks) was the first time polio was ever said to have caused epidemic paralysis.⁽¹⁾

The worst paralytic polio epidemic occurred in the U.S. in 1916. It was blamed on Italian immigrants, though it was later proven that the outbreak began before their arrival. Near the epicenter of the 1916 epidemic, at Rockefeller Institute in Manhattan, New York, scientists were working on developing the most virulent (dangerous) strain of polio virus, with an affinity (attraction) to central nerve cells.⁽²⁾ Nearly all the researchers later involved in developing the polio vaccines were from the Rockefeller Institute.⁽¹⁾

Toxic Pesticides

The second major outbreak occurred in the 1950s. DDT, a toxic pesticide now banned in the U.S., was in widespread use during the 1950s. DDT manufacturers marketed the poison as totally safe, even health promoting, and people coated every surface, even their food with this toxic substance.⁽¹⁾

In 1951, Dr. Albert Sabin (developer of the live polio vaccine) noticed that the American Military in the Philippines had astonishingly high rates of polio. Approximately 1 in 79 recruits. He was mystified why the Filipino natives considered polio the “white man’s disease”, since despite intermingling, they were unaffected by it.⁽³⁾

U.S. soldiers were trained to coat their clothing, food, and bodies with DDT, while the natives did not use the pesticide. Symptoms of DDT poisoning are nearly identical to poliomyelitis.

⁽³⁾ Every country that has made widespread use of DDT has experienced paralytic epidemics of polio.⁽¹⁾

Tonsillectomies and Polio

During the 1950s tonsillectomies were widely administered, even to symptom-free healthy children. These open wounds allowed polio easy entry to the central nervous system, and children whose tonsils had been needlessly removed were at much greater risk of central nervous infection with polio.^(1,4)

A Preference for Treatments that Didn’t Work

“Standard of care” at that time included surgery, casting, immobilization, and iron lungs, often leaving patients crippled for life. During the same period, other practitioners were effectively curing polio, sometimes in a mere few days. Strangely, their success was ignored.

Dr. Fred Klenner used high-dose vitamin C supplementation intravenously with a nearly 100% success rate in quickly curing severe cases of polio, even where the breathing muscles were paralyzed. (Note: vitamin C is one of the most powerful detoxifiers; capable of removing poisons like DDT from the body quickly and safely.)^(1,5)

Sister Elizabeth Kenny, an Australian nurse, masterminded the then newfangled physical therapy. Using movement rather than the standard immobilization treatments, she effectively cured many polio cases.⁽¹⁾

Polio Vaccine: the Main Source of Polio

Dr. Jonas Salk, creator of the Salk Polio Vaccine, along with other scientists, testified in court that since 1961, the polio vaccine was the “principle if not sole cause” of polio cases in the U.S.⁽⁶⁾

According to the World Health Organization’s information-sheet on polio vaccines, *“OPV carries the risk of vaccine-associated paralytic poliomyelitis (VAPP)... In addition, when polio vaccine coverage is low in the population, this live attenuated vaccine may revert its virulence and transmissibility and pose additional risk for emergence of vaccine-derived polioviruses (VDPVs), which have been associated with outbreaks. Because of these risks, OPV use will be discontinued worldwide once the goal of eradicating all wild poliovirus (WPV transmission) is achieved.”*⁽⁷⁾ It is baffling to imagine how a vaccine can eradicate a disease that it continues to cause. It would seem that polio eradication by means of vaccination is not only risky, but impossible.

In 2011, an aggressive campaign to “eradicate polio” in India was conducted, where children received as many as 15 polio shots. This precipitated an epidemic of 47,500 cases of acute flaccid paralysis (AFP), a condition that is indistinguishable from poliomyelitis. The higher the vaccination rates, the more cases of paralysis. *Although the rates of pediatric paralysis skyrocketed, the campaign was considered a success, since fewer cases of “wild polio” were reported!*⁽⁸⁾

Childhood Disability on the Rise

Despite all the effort to protect society from the “polio scourge,” childhood disabilities, including lifelong paralysis are not on the decline. Cases have more than tripled since the 1950s,⁽⁹⁾ but have been overshadowed by the 16% increase in mental disabilities occurring in the U.S. between 2001 and 2011, according to the American Academy of Pediatrics.⁽¹⁰⁾

So while we may feel some (false) sense of security that the polio vaccine is protecting our children from disability, this could not be further from the truth. During the last 60 years something has caused an unprecedented rise in all forms of childhood disability. This has gone largely unnoticed. 🍊

“My mother knows someone who was crippled by polio. Do you want to go back to those days?”

The frightening history of polio is not evidence of the vaccine’s effectiveness. In reality, after the introduction of the vaccine in the U.S., cases of polio nearly doubled. The killed vaccine made people more susceptible, while the live (OPV) actually caused the disease.

In order to make the vaccine look more effective than it really was, polio was redefined making it much more difficult to diagnose. Most paralysis cases that would have been diagnosed as polio before the vaccine were now being labeled as other conditions, such as “transverse myelitis” and “acute flaccid paralysis.” Redefining the disease was how they ultimately eradicated it! There are still plenty of people struck with paralysis with symptoms identical to polio.

The “iron lung” was simply the predecessor to the modern-day respirator.⁽¹⁾





Are Unvaccinated Children Endangering Public Health?

Will the unvaccinated become the new group to be singled out for persecution, as the Jews were in Strasbourg in 1300s?

During black plague, foreigners, beggars, pilgrims, friars, and lepers were also persecuted, but to a much lesser degree than the Jews, who suffered far less plague, because they never drank from public wells and kept their surroundings clean and ratless. Instead of learning from the Jews, the mainstream European bigoted populace “rationalizing” that because the Jews didn’t have smallpox and everyone else did, the Jews must be casting spells and killing everyone else!

Isn’t it interesting that the current mob attack on the unvaccinated has remarkably similar overtones to the ignorant prejudices which lead to all the historical anti-Jewish pogroms throughout history? It’s ironic that “history” today, runs the risk of repeating itself... by creating yet another new hate-focus.

This time, it’s not about the Black Plague, but supposedly about the unvaccinated, being a “threat” to everyone else.

—Excerpt from an article written by Hilary Butler, Vaccine Researcher (Australia, May 2013)

Were vaccines mandated for school entry because unvaccinated children pose a genuine danger to their peers, or were the laws enacted merely to increase vaccine compliance? Though there is a sentiment that vaccine non-compliance endangers public health, there is reason to suspect that what it really endangers is medical authoritarianism. Is there any basis for the belief that unvaccinated children have a unique ability to spread disease?

What Is This Fear Based On?

Some claim that unvaccinated children endanger public health because their status enables them to spread disease to the vaccinated population. Whenever there is a disease outbreak, unvaccinated populations will invariably be blamed. This is an unscientific and baseless presumption.

Fear of unvaccinated children is especially bizarre, since the intent of vaccines is to prevent those who receive them from contracting feared diseases. Why would an unvaccinated child pose a risk to children immune to the disease? Apparently the vaccines are not as effective as hoped.

During epidemics, it is common that the majority of people who contract the disease are vaccinated. According to a senior epidemiologist at the CDC, “Measles transmission has been clearly documented among vaccinated persons. In large outbreaks over 95% of cases have a history of vaccination.”⁽²⁾ It is illogical to assume that the disease was introduced to this large group by the 5% who were unvaccinated.

When health officials blame unvaccinated children for epidemics, their reasoning is that it must have come from unvaccinated children, because they are the only ones still capable of catching and transmitting disease.

There is an obvious flaw in this logic. If vaccinated children frequently contract diseases they are protected against, then they are also capable of transmitting it to others.

Some fear that unvaccinated children endanger society, presuming that they may be carrying every infectious disease known to mankind, ready to spread them to vaccinated children at any moment. In fact, the exact opposite is true.

Vaccines Can Spread Disease

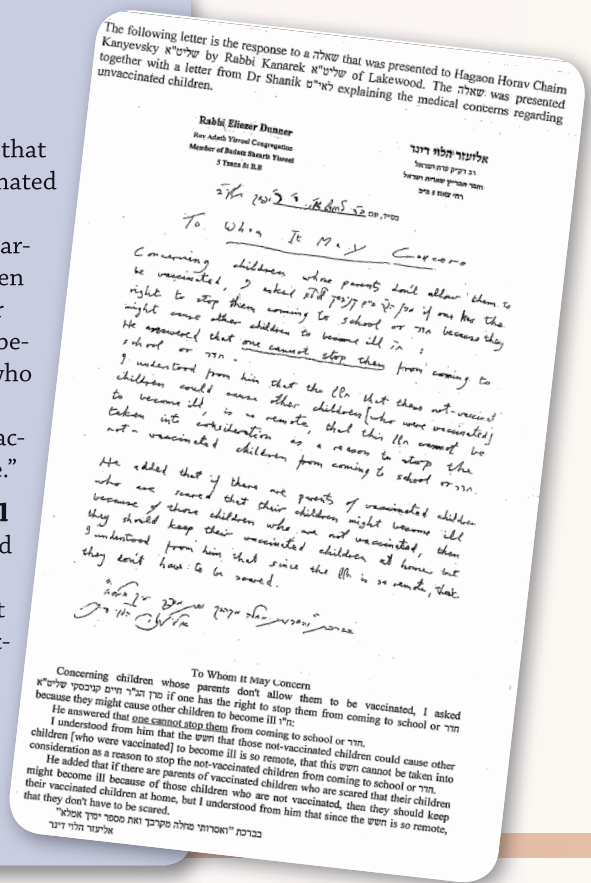
While vaccinated individuals may experience a milder form of the disease or no symptoms at all (or a full-blown infection, for that matter) they are fully capable of transmitting the disease.^(8,10) Additionally, many vaccines, such as MMR, chicken pox, flu, whooping cough, and polio remain in the patient’s body for a few weeks after vaccination. These viruses can “shed” from the vaccinated person and spread to others!⁽⁹⁾

Because recently vaccinated individuals may carry and spread disease, families of cancer patients, or other immunocompromised diseases, are exempt from vaccination to

What Do The Gedolim Say?

HaGaon HaRav Chaim Kanievsky shlita ruled that “one cannot stop unvaccinated children from coming to school, and if there are parents of vaccinated children who are scared that their children may become ill because of these children who are not vaccinated, then they should keep their vaccinated children at home.”

HaGaon HaRav Shmuel Kaminetzky shlita ruled that “every individual retains the halachic right to choose whether to vaccinate or not vaccinate his children, in accordance with his concerns. Schools should accept these children without discrimination.”



When I started in '71, we didn't hear 'autism.' The last 20 years we've seen a rise... Not just the learning symptoms, but the fact that they can't control themselves. The teachers want to know, why is this happening so much now?

—Carolyn Hansen,
M.A. Special Ed. Teacher
1971-2011 Interviewed in the
documentary "Trace Amounts"

protect the patient from contracting the disease from a recently vaccinated relative.

After vaccination, a person carries and can potentially spread the disease for weeks to follow. This means that recently vaccinated individuals may be as great a threat to cancer patients, pregnant women, and infants as people with a symptomatic contagious disease!⁽¹¹⁾

MMR

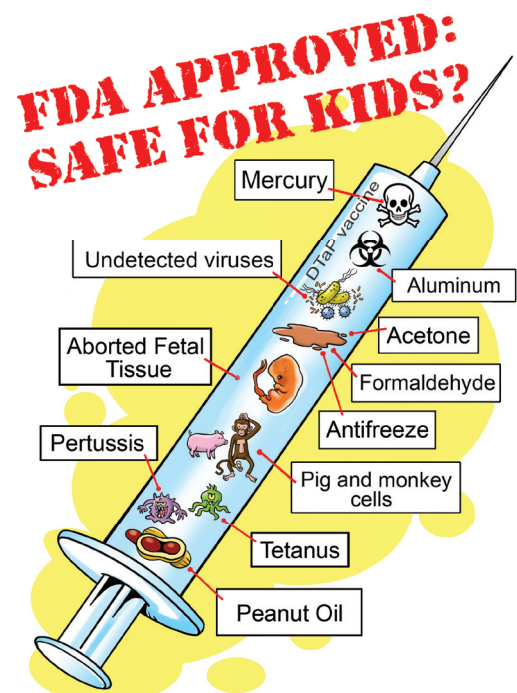
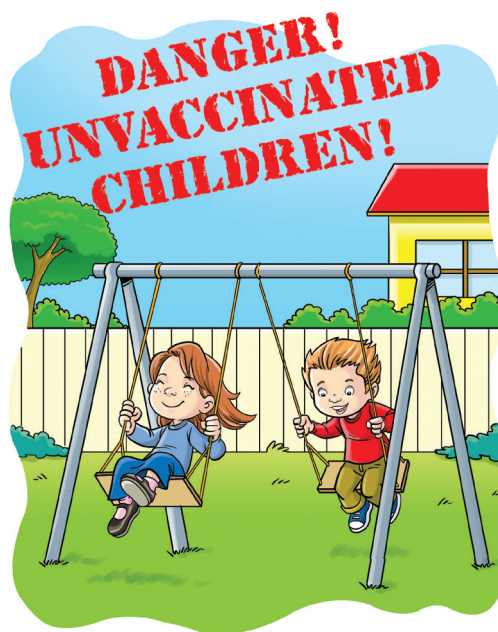
According to the medical director of Merck (manufacturer of the MMR vaccine), "The attenuated viruses in MMR can occasionally and to a limited extent be shed from a vaccinated individual into the environment."⁽³⁾ One study recommends that immunocompromised children should be kept away from MMR-vaccinated children for two weeks after vaccination due to the excretion of the virus.⁽⁴⁾ Whether vaccinated or unvaccinated, anyone who contracts a contagious disease should certainly be kept away from infants and pregnant women or anyone afraid of catching the disease.

Polio

While killed polio vaccines may increase the risk of paralysis in its recipients, people who receive the live vaccine can spread the disease to others. According to the World Health Organization:

"Despite its many advantages, OPV carries the risk of vaccine-associated paralytic poliomyelitis particularly among infants who receive the vaccine for the first time and their contacts."⁽⁵⁾

According to the medical journal, The Lancet, "In Oman between 1988 and 1989, a polio outbreak occurred amongst thousands of fully vaccinated children. The region with the highest attack rate had the highest vaccine coverage. The region with the lowest attack rate had the lowest vaccine coverage."⁽⁶⁾



Whooping Cough

In 2013, the FDA reported: "Whooping cough rates in the United States have been increasing since the 1980s and reached a 50-year high in 2012..." They conducted a vaccine study on baboons to figure out what's gone wrong with the vaccines. They concluded:

"After being exposed to B. pertussis... Animals that received an acellular pertussis vaccine had the bacteria in their airways for up to six weeks and were able to spread the infection to unvaccinated animals. In contrast, animals that received whole-cell vaccine cleared the bacteria within three weeks."

This research suggests that although individuals immunized with an acellular pertussis vaccine may be protected from disease, they may still become infected with the bacteria without always getting sick and are able to spread infection to others, including young infants who are susceptible to pertussis disease." 2013 FDA Report.⁽¹⁰⁾

Unavoidably Unsafe

Vaccines are recognized by the U.S. congress as being "unavoidably unsafe."⁽⁷⁾

Vaccines exemptions are legal in all states. If you have issues with your child's school, you can contact:

Gary Krasner
cfc@nyct.net

Alan Phillips Esq.
(828) 575-2622

Is it right for a government to mandate individuals to inject drugs that contain known hazards? And are we doing the right thing in assisting the CDC in forcing all children to be vaccinated? Even if one has concluded that vaccines are important for his own children, is it his responsibility to ostracize families who choose not to vaccinate?

There is no scientific basis for the consistent blame unvaccinated children receive for disease outbreaks. This is pure propaganda intended to recruit parents, healthcare providers, and school administrations in an effort to enforce vaccine compliance. The U.S. has one of the most jam-packed and coercive vaccination policies in the world, and its population has one of the worst health profiles in the developed world.⁽⁸⁾ Perhaps we have bought into the mandatory vaccination program with unfounded enthusiasm.

Children today are suffering from far more illness than their parents' and grandparents' generations. According to a Harvard study, "The number of children with chronic illnesses has quadrupled since the time when some of their parents were kids."⁽¹³⁾

"We've damaged a whole generation of children."
—Toni Bark, M.D.

The current intensive vaccine schedule is highly suspect of being the source of our youth's poor health. In fact, it is our belief that there is no greater threat to public health than vaccines. 🍌

Vaccines "For the Greater Good"?

Herd Immunity

In order to attain herd immunity, scientists postulated that a certain percentage of the population needs to be immune. This was the basis for mandating vaccines: if all children were required to receive vaccines, then high vaccination coverage might help achieve herd immunity. If vaccines were optional, public health officials feared that too few people would accept them, thereby making disease eradication difficult.

Originally, scientists believed that 68% vaccinated would be adequate. When disease outbreaks continued to occur, the CDC raised the percentage required, until the present day, where even populations with close to 100% coverage continue to experience sporadic outbreaks of diseases like measles, mumps, and pertussis. Though vaccines have reduced the incidence of measles, mumps, and rubella, outbreaks continue to occur. It is unclear whether even high vaccination rates will ever totally eradicate these diseases.⁽⁸⁾

Finding Someone to Blame

With or without a basis, the media has blamed foreigners and unvaccinated for disease outbreaks. Some believe that it is irresponsible and even unethical to reject vaccines, and that those who do so are endangering public health. Should parents who are concerned that vaccines may cause harm be deprived of the option to reject them? Can and should society force all children to receive vaccines and ostracize those who don't?

Unethical Experiments

After World War II, at the Nuremberg trials, Nazi doctors were accused of medical atrocities. The Nazis argued that their experiments were for "the greater good of society." This defense was rejected and the trials concluded with the establishment of the international Nuremberg Code, intended to protect the individual



from being exposed to dangerous medical procedures against his will.⁽¹⁾

To protect basic human rights, the Nuremberg Code requires "voluntary informed consent" for any medical procedure. This means that the patient must receive full disclosure about the potential risks and benefits of the treatment and has free choice to accept or reject it.⁽¹⁾

Vaccines: "Unavoidably Unsafe"

According to the Merck Manual and U.S. law, vaccination is "unavoidably unsafe."^(1,2) Vaccines pose recognized risks, including permanent disability, brain damage, and death. All this is evident from the vaccine package inserts, and the U.S. government's Vaccine Adverse Events Reporting System (VAERS). To date, U.S. courts have rewarded over \$3 billion to families of vaccine-damaged children.⁽³⁾ The CDC admits that vaccines are studied for very brief time periods and their long-term effects are not investigated, and are therefore unknown.⁽⁴⁾

U.S. Falls Behind

Despite spending more on healthcare per capita and giving more vaccines than any other country in the world,⁽⁵⁾ according to the CIA, as of 2014 the U.S. infant death ranking has fallen to 56th place.^(1,6) This means that the U.S. has more deaths than nearly every other affluent country and even some less affluent countries (like Bosnia and Cuba) all of which spend less on healthcare and give fewer vaccines.

Forced Vaccination

For some parents, the reason they stopped vaccinating is because they have had children injured or killed by

vaccines. Most other parents and doctors who have rejected vaccines, only did so after thoroughly investigating the subject and realizing that the risks outweighed the benefits.⁽⁷⁾

In recent years, individuals who choose not to vaccinate are being accused of putting society at risk. Our right to refuse medical treatment is denied in the name of public health (precisely the logic used by the Nazis).

Temporary Immunity

Furthermore, unlike exposure to the real disease, vaccination does not usually render permanent immunity. Unbeknownst to them, many fully vaccinated adults are no longer immune to childhood diseases, leaving them in a very similar state to unvaccinated children.⁽¹¹⁾ The fact that immunity from vaccines can wear off makes herd immunity and disease eradication through vaccination an impossible goal. Booster shots may seem like the obvious answer to waning immunity; however antibodies from repeated boosters often wear off quickly.^(8, 12)

Freedom of Health

While not vaccinating may *passively* expose individuals to disease risks, every child who is vaccinated is being *actively* exposed to the very real risks of vaccines. Every parent should be fully aware of the risks and benefits of vaccines and then be given the right to accept or reject them. To force everyone to receive an "unavoidably unsafe" treatment for society's "greater good" is reminiscent of the all-too-recent past and strikes at the very fabric of free society.

In order to make an informed vaccine choice, parents must be presented with more information about vaccines than they currently receive. If the risks of vaccines are not disclosed, and if one cannot opt out of them, there is no "informed consent" and the Nuremberg Code is not being upheld.

Since forced vaccination could not possibly be for the benefit of the individual, and is theoretically intended to protect society, the question remains: Has mass vaccination improved public health? 🍊

Vaccination for ... Depopulation?

"The world today has 6.8 billion people. That's heading up to about nine billion. Now if we do a really great job on new vaccines, health care & reproductive health services, we could lower that by perhaps 10 or 15 percent."

— Bill Gates
on Ted Talks, February 2010

High U.S. Mortality Rates

How many young couples of child-bearing age know that women in America today have more than twice the risk of dying during pregnancy, childbirth, or after giving birth than they did three decades ago? Women having babies are dying of heart failure, high blood pressure and stroke, infection of the blood, diabetes, and blood clots in greater numbers because the maternal death rate in America has been climbing since 1987.^(1,2,3) We now rank a dismal number 33 in maternal mortality in the world, which is worse than that of most European countries and some countries in Asia and the Middle East.⁽⁴⁾

Equally shocking is the fact that **the U.S. now has the highest first-day infant death rate** of all industrialized countries and ranks number 56 among 224 world countries in infant mortality.^(5,6) Preterm birth rates have increased 36% since the early 1980s⁽⁷⁾ and 6 out of every 1,000 babies born alive in America die before their first birthday.⁽⁸⁾

Birth defects, chromosomal damage, premature birth, low birth weight, and sudden infant death syndrome are the leading causes of death for about 23,000 newborn infants every year,⁽⁹⁾ with half of those deaths occurring on the first day of life. A baby born in America is twice as likely to die within the first 24 hours as babies born in the European Union.⁽¹⁰⁾

The Steep Decline

U.S. public health officials say there are “no clear” answers for why our maternal mortality rate is skyrocketing.⁽¹¹⁾ They don’t know why so many of our babies are dying on the first day and within the first year of life, in stark contrast to many other nations where maternal and infant mortality rates are declining.

Public health officials also can’t figure out why so many infants and children in America are plagued with brain and immune system problems. The unprecedented, unexplained, chronic disease and disability epidemic,⁽¹²⁾ marked by chronic inflammation in the body, has gotten worse in the past three decades—with 1 child in 6 now learning disabled,⁽¹³⁾ 1 in 9 suffering with asthma,⁽¹⁴⁾ 1 in 45 developing autism,⁽¹⁵⁾ 1 in 400 becoming diabetic,⁽¹⁶⁾ and millions more suffering with severe food allergies,⁽¹⁷⁾ inflammatory bowel disease,⁽¹⁸⁾ mental health

disorders^(19,20) and other disabilities⁽²¹⁾ and chronic illness.⁽²²⁾

The health of American adults has also deteriorated during the past three decades compared to other wealthy nations where health is improving⁽²³⁾ and our life expectancy is worse than many other countries as well.⁽²⁴⁾ The CDC says that today chronic diseases are the most common and costly causes of death and disability with about half of all adults living with at least one chronic illness.⁽²⁵⁾

Largest consumer of pharmaceuticals

What is not on the list of potential causes for this failing public health report card is lack of access to drugs and vaccines. With a population of 322 million people out of 7 billion people on the earth, the U.S. spends nearly \$3 trillion dollars per year on health care⁽²⁶⁾—more than any other nation in the world^(27,28)—and we consume 40% of all drugs sold globally.^(29,30,31) In addition, America is the leading purchaser of vaccines in the \$15 billion dollar U.S. and \$30 billion dollar global vaccine market that will reach \$100 billion in 10 years.^(32,33,34)

Since 1981, 95% of all children entering kindergarten have received multiple doses of seven vaccines including pertussis and measles vaccines.⁽³⁵⁾ In 1991, the CDC recommended all infants get a hepatitis B shot at 12 hours old⁽³⁶⁾ and by 2012 more than 70% of all newborns had received a hepatitis B shot at birth while between 80% and 90% of three-year-olds had gotten multiple doses of eleven vaccines.⁽³⁷⁾

In a crusade to eliminate an expanding list of microbes, U.S. health officials currently direct pediatricians to give children 49 doses of 14 vaccines by age six, starting on the day of birth with more than two dozen doses administered by an infant’s first birthday.⁽³⁸⁾ More than two dozen additional vaccinations are recommended or mandated for teenagers and adults, including annual flu shots throughout life.⁽³⁹⁾

Has Mandated Use of More Vaccines Compromised America’s Health?

Every state in the U.S. has laws requiring dozens of vaccinations for daycare and school attendance⁽⁴⁰⁾ in contrast to neighboring Mexico and Canada, which recommends but does not mandate vaccines (a provision in

Canada’s Constitution prohibits compulsory vaccination).⁽⁴¹⁾


Japan, New Zealand, Australia, Iceland, and Norway recommend but do not legally require vaccines and 15 countries in the European Union, including United Kingdom, Germany, Spain, Greece, Denmark, Netherlands, Finland, and Austria similarly recommend but do not mandate vaccines.⁽⁴²⁾ All of these countries have lower infant mortality rates than the U.S. and do not recommend and mandate that infants under one year old get as many vaccines as American infants do.⁽⁴³⁾ In fact, no other country legally requires⁽⁴⁴⁾ the numbers of vaccinations that the U.S. does for children to attend daycare and school or for adults to keep their jobs.⁽⁴⁵⁾

It is no wonder that more Americans are asking questions about why our children need so many vaccines and why adults need to get a flu shot every year—even during pregnancy—when our population is already the most vaccinated in the world but far less healthy than other countries that do not mandate or recommend so many vaccines. In late 2015, the Food and Drug Administration (FDA) moved toward lowering licensing standards in order to fast track new experimental vaccines targeting pregnant women, who are already being given four vaccines (influenza, tetanus, pertussis, diphtheria) during every pregnancy even though those vaccines were not tested in or specifically licensed for use in pregnant women.⁽⁴⁶⁾

Ask for the Science

If you are expecting or already have children, be aware that the American Academy of Pediatrics is urging pediatricians to vaccinate **parents** when they bring their children in for sick or well-baby visits, especially pregnant women.⁽⁴⁷⁾ If an obstetrician or pediatrician pressures you to get vaccinated while you are pregnant, ask the doctor to show you the science. If you conclude the vaccine’s benefits do not outweigh the risks for you and your baby but are threatened or sanctioned in any way for making an informed choice, you should find another doctor who will treat you with respect and honor your health-care choices.

Go to NVIC.org to learn more and sign up for the free online NVIC Advocacy Portal to empower yourself with information and work to protect the freedom and legal right to make voluntary vaccine decisions in your state.

It’s your health, your family, your choice. 

Vaccines For Expectant Mothers?

During the last decade, we have witnessed an aggressive and unprecedented effort by the medical establishment to vaccinate pregnant women against flu and more recently against pertussis (TDaP). It was a slow start, and at first few doctors and patients complied with this controversial new procedure. However since these recommendations are being supported by the CDC, ACOG, and AAP, people trust that these vaccines must have been proven safe for pregnancy. This is far from the truth. Incredibly, there is no reliable safety data to back up these new vaccine recommendations.

The manufacturers of influenza and Tdap vaccines state that human toxicity and fertility studies are inadequate and warn that the influenza and Tdap vaccines should “*be given to a pregnant woman only if clearly needed.*”^(12, 13, 14, 15) How a risky drug could *ever* be needed in a healthy pregnant woman is unclear.

In the past, pregnant women were almost never offered vaccines, for the obvious reason that they are **Category B and C drugs**. This means that adequate and well-controlled studies have not been conducted on pregnant women, and *it is not known whether these vaccines can cause fetal harm.*⁽²⁾ While vaccines have not been tested on pregnant women for obvious reasons, animal studies have shown a potential for fetal harm.

Additionally, “failure to demonstrate risk (as for Category A and B drugs) is **not** the equivalent of having been proven safe. (“Absence of evidence does not equal evidence of absence”) Of course, it is unethical to experiment on pregnant women. However, giving untested vaccines to pregnant women is in essence experimenting on them. To enforce category B and C drugs on healthy (or unhealthy) pregnant women is tantamount to medical malpractice. The known and unknown

risks involved threaten the future health and development of every fetus exposed.

Aggressive Marketing

Recently, the medical establishment has initiated an intense marketing campaign, focusing mainly on the dangers of the flu and pertussis for pregnant women and infants. They have successfully convinced the majority of doctors of the necessity of these vaccines. While flu deaths are rare, they contend that it is not worth the risk, when the vaccine offers protection. Taking a shot to protect against even a slight risk of death would make sense, if the TDaP and influenza vaccines had in fact been proven safe and effective.

The Pertussis Vaccine

Safety: The pertussis (DTaP) vaccine has a long history of causing death and disability in infants and children. Injuries and deaths from pertussis-containing vaccines are the most compensated claims in the federal Vaccine Injury Compensation Program (VICP).^(11, 12)

Effectiveness: Even in highly vaccinated populations, whooping cough frequently circulates by the thousands. Ironically, the disease can even be spread by those recently vaccinated.⁽¹⁶⁾

Without evidence proving that the TDaP vaccine does not harm fetuses and in light of the known dangers of this vaccine, and its remarkable ineffectiveness, taking it during pregnancy cannot be medically justified.

“The rush to vaccinate pregnant women and reach into the womb to try to passively vaccinate the developing fetus, is a clear case of policy preceding science... With new vaccines on the horizon that will target pregnant women, it is critically important that more bad vaccine policy does not precede good vaccine science.”⁽¹²⁾

*Barbara Loe Fisher,
National Vaccine Information Center*

The Influenza Vaccine

Safety: Influenza vaccine injuries and deaths are the second most compensated claim in the federal Vaccine Injury Compensation Program (VICP).^(11, 12) Though unpleasant, influenza is a disease that is innocuous in more than 99% of the population. Is the flu vaccine more harmful than the flu? What if the vaccine caused many miscarriages, and many more deaths than the flu itself?

Miscarriages Caused by the Flu Shot

In addition to the as-yet unmeasured potential for fetal harm; fetal deaths have been reported, with miscarriages associated with the flu vaccine occurring even in the second and third trimesters. One study showed that according to the Vaccine Adverse Events Reporting System (VAERS), flu vaccines have caused a 4,250% increase in reports of miscarriage.⁽³⁾

Mercury in the Flu Shot

While the mercury derivative thimerosal has been phased out of some vaccines, it is an ingredient in the injectable flu vaccine. **Mercury is the second most toxic element on earth** after plutonium. It is particularly neurotoxic (i.e. poisonous to the brain).

Many children with autism have been found to have very high levels of toxic metals in their bodies. There is a clear connection between poisoning with toxic metals and autism.^(7,8,9) To inject pregnant women with vaccines containing mercury carries unknown and potentially grave risks to the developing fetus.

Effectiveness: While the above should make it obvious that taking a vaccine during pregnancy involves a significant risk, some may claim that the benefits of the vaccine make it worthwhile. Unfortunately, most are

unaware of the true effectiveness of the flu vaccine. With the many hundreds of possible strains of influenza virus, **the chance of the vaccine actually matching the circulating flu strain is very low: about 13% on average, according to the CDC's own statistics.**⁽¹⁰⁾ The majority of the time (87%), the vaccine offers no protection.

The idea of preventing influenza or whooping cough in pregnant women may sound appealing. However, this must be weighed against the questionable effectiveness of these vaccines and their as yet unmeasured potential to cause fetal harm, death, or disability as well as maternal illness.

Mysteriously, medical authorities have made no effort to conduct any

high standard, objective, rigorous safety studies on vaccines for pregnant women. They are relying on small, poorly designed studies, data from the manufacturers themselves, and even studies comparing vaccinated groups to other vaccinated groups!^(12, 17, 18, 19, 20) This is irresponsible and dangerous.

Unless women begin to advocate for themselves and ask questions when offered risky procedures during pregnancy, millions of unborn infants will become the involuntary guinea pigs for very unsafe medical procedures, with no potential benefit. Ask your doctor why medical authorities are recommending Category B and C drugs during pregnancy, and protect your unborn infant from dangerous and worthless medical procedures. 🍌

FDA Drug Categories for Pregnant Women

Category A:

Adequate and well-controlled studies have failed to demonstrate a risk to the fetus in the first trimester of pregnancy (and there is no evidence of risk in later trimesters).

Category B:

Animal reproduction studies have failed to demonstrate a risk to the fetus and there are no adequate and well-controlled studies in pregnant women.

Category C:

Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.⁽¹⁾

My daughter was in her third-trimester expecting her first child, when her Ob-Gyn warned her how dangerous whooping cough and flu are, and told her that she needed to take the vaccines. I encouraged my daughter to accept the offered vaccines. Very soon after that, in her 7th month, she had a still-birth. Now we are hearing that premies and third-trimester miscarriages have become really common among her friends. I feel guilty for pushing my daughter to take those vaccines now that I've learned that they may be the greatest source of danger to the developing fetus.

—(F.R., Boro Park)

Cathy Isaacs was 6½ months pregnant with twins; a boy and a girl, when she went in for a routine exam. As she was leaving, her doctor told her to stop by the nurse's station for her flu shot. She told him that she was not comfortable getting the shot, but he was very adamant, even accusing her of being selfish. "Against my better judgment, I let them give me the shot." Cathy says. Within 5-6 hours, Cathy got severe cramps. She went back to the hospital where her doctor worked, to be told that she was miscarrying. She lost her son. The remaining twin was born severely autistic. In Cathy's words, "She regressed in my womb! My doctor was so horrified by what happened, he said he would not give any more flu shots to pregnant women."

*Interview from the documentary
"Trace Amounts"*

At her twelve-month well-baby visit, my daughter was developmentally advanced for her age, and she was already saying quite a few words. She received her round of vaccinations (including the MMR). Right afterward she developed a high fever and we witnessed a change in behavior. In the following weeks, I brought her to the doctor quite a few times; the reactions were severe and I was very worried. The doctor told me that this kind of reaction could occur as the result of the vaccine, but that it was only temporary, nothing to worry about.

Three months later, the doctor wanted to administer another round of vaccines. I was very concerned, due to the strong reaction my daughter exhibited the previous time, but the doctor told me I was being foolish and that it is very dangerous not to receive the vaccines. I gave in and let him vaccinate her again. This time, her speech and intellectual development stopped and regressed, to the point that she was diagnosed with autism a few weeks later.

The regression clearly started after the vaccines, but the doctor nonetheless denied the connection. Since then, I have refused to continue to vaccinate my daughter. I don't care what they say, I saw with my own eyes how the vaccines caused her to become autistic.

—Mrs. K. (Lakewood)

The Autism Epidemic

Autism is a mental disorder characterized by impaired social capability, with trouble relating to other people, difficulty communicating, restricted and repetitive behavior, and difficulty connecting to their surroundings.

There are many elements of autism that make it an unusual condition. Not only do most autistic children have the normal appearance of healthy children, they also usually lack a clear genetic abnormality that can account for their learning and social deficits. Another strange factor is that

“[...] and we’ve had so many instances, people that work for me. ... [in which] a child, a beautiful child went to have the vaccine, and came back and a week later had a tremendous fever, got very, very sick, now is autistic.”

—Donald Trump during GOP debate in 2015

autism often appears as a sudden regression after a history of normal development.⁽¹⁵⁾

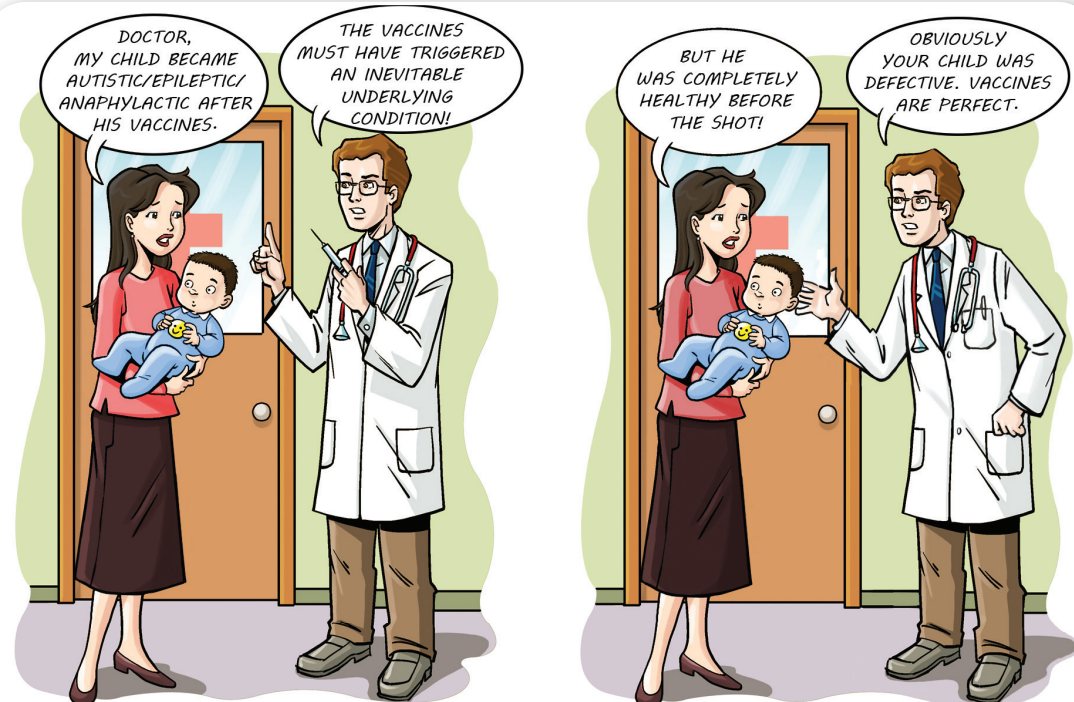
The U.S. has one of the highest rates of autism in the world.⁽¹⁾ While the numbers continue to climb, according to the CDC, as of March 2013, it is estimated that 1 in 50 American children suffer from the disorder.⁽¹³⁾ During the last half a century the number of cases has grown exponentially.^(15,16) Researchers reported that **autism was an extremely rare condition before 1943, when it was announced as a new mental disorder.**⁽⁶⁾ In the 1950s, less than 1 in 10,000 cases were reported.⁽⁷⁾

Many attempt to find a logical explanation for the growing incidence of this disorder.

They claim that the increase in autism is merely an improvement in diagnostics; that there must have always been as many cases, they just went undetected.

This insults our intelligence, as anyone who has experience

with autism can tell you how obvious the symptoms are—it is not at all difficult to diagnose. Also, if the number of autism cases



How many “defective” children would have remained perfectly healthy if not for vaccines?

was unchanging, then there should be 1 in 50 autistic 40-year-olds. In fact, **the condition is very rare in older age groups.**⁽¹¹⁾ Each year, more young children are diagnosed. If the increase in prevalence was truly a case of missed diagnoses, then new cases of autism should come up in every age group. Statistics clearly indicate that the later one's date of birth, the more likely to develop autism.

Mysteriously, before 1999, autism was virtually nonexistent in China. But by June 2005, over 1.8 million cases were reported.⁽¹¹⁾ This occurred without any major changes in the diagnostic methods in China. What caused this sudden outbreak of autism in China?

Medical science admits that autism is a new and epidemic problem. Because the rates are growing so quickly, it is strongly suspected that some outside influence must be contributing. This would explain why the autism rates can vary highly from one country to another.

Scientists came to understand that autistic children appear to be "brain damaged," as they have found brain inflammation in these children. What is causing the brain to swell and malfunction?

Neurotoxins

Elevated levels of a number of toxic metals have been found to have a strong correlation with autism. The metals of greatest influence were lead, antimony, mercury, tin, and aluminum. Studies show that autistic children tend to have high levels of toxic metals in their bodies, and that higher levels of heavy metals are found in children with more severe cases of autism.⁽³⁾

Mercury is the second most toxic element on Earth, and is a known neurotoxin (brain poisoning substance), even in small amounts. It was recently found that in the first hair clippings of autistic children, mercury levels were much lower than normal.⁽⁵⁾ For some reason, these children were not able to clear mercury from their bodies, so it remained high within, instead of being secreted (into the hair). It has also been found that exposure to large quantities of mercury reduces the body's ability to detoxify from mercury.⁽²⁾

After my son received his six month vaccines, I noticed an immediate change in him. He went completely inside himself, and stopped making eye contact. I felt like I had lost my baby; it was terrifying.

My doctor is a caring man who goes above and beyond the call of duty. I asked him why he didn't tell me that vaccines are so risky. His response was a real eye opener for me. He said, "If I would warn people about vaccines, I would lose my medical license."

— M.L., (Israel)

Heavy Metal Poisoning

Below is a small sample of symptoms of mercury poisoning. You may be surprised to discover how familiar they are:

- ▶ Rocking, circling, clumsiness,
- ▶ Oversensitive to touch and sound,
- ▶ Speech/articulation problems, hearing loss,
- ▶ Mental retardation (possibly reversible), difficulty comprehending words or abstract ideas, concentration/attention problems,
- ▶ Poor eye contact,
- ▶ Salivating, digestive problems, allergies,
- ▶ Injures self (such as head banging), staring, social isolation.⁽⁸⁾

Thimerosal

Thimerosal is a chemical derived from mercury. In the 1930s and 40s, it was added to the pertussis vaccine and then the DPT, as an anti-bacterial preservative. Starting in 1991, infants received a mercury-filled hepatitis B vaccine just hours after birth. *[They receive this vaccine despite the fact that Hep B is a blood-borne pathogen that is transmitted via IV drug needles and other risky behaviors. Only babies whose mothers are infected are at risk of contracting the disease.]*⁽⁹⁾ In 1991 the pharmaceutical company, Merck, calculated that 6 month-old babies, who received all their recommended shots, may be injected with **87**

times more mercury at one doctor's visit, than the maximum safe amount of mercury from fish!⁽¹⁰⁾

Wasn't thimerosal removed from vaccines?

In the beginning of the 21st century, everyone heard about the infamous thimerosal. Most of us assumed that thimerosal has been removed from vaccines. Here is what actually happened: In 1999, health officials recommended that vaccine manufacturers eliminate thimerosal "as soon as possible." At the same time the CDC quietly discouraged the removal. When SmithKline Beecham offered the CDC to supply mercury-free DTaP vaccines, the CDC rejected their offer!⁽¹⁰⁾ Why would they do this?

Apparently, the WHO (World Health Organization) was concerned that immediate withdrawal of thimerosal in the U.S. might elicit public concern about the safety of vaccines, and cause rejection of vaccination programs overseas. They therefore urged the CDC *against* banning this extremely toxic substance.

From 1999 to 2002 several, but not all mercury-containing vaccines were phased out in the U.S. Authorities claimed that this did not reduce new cases of autism. However, they simultaneously added multiple doses of the mercury-containing flu shot to the vaccine schedule, for babies 6 months and up. The CDC even recommended the flu vaccine for pregnant women in their first trimester! In addition, 6 doses of vaccines (for pneumococcus and Hep A) were added, which contain large amounts of aluminum. Aluminum is also a known neurotoxin.⁽¹⁰⁾ Studies have found that high levels of aluminum are also associated with autism.⁽³⁾

"Aluminum is not perceived, I believe, by the public as a dangerous metal. Therefore, we are in a much more comfortable wicket in terms of defending its presence in vaccines"⁽¹⁸⁾

—Dr. John Clements,
WHO vaccines advisor

So even if your doctor tells you that they have removed thimerosal from vaccines, he may not realize that various vaccines still contain this dangerous metal (including Hep A and B, meningococcal, and flu). Some

Vaccine Schedule Children Birth to Kindergarten

by recommended month

1940*	1980**	2016***
DTP	DTaP (2 months)	DTaP (prenatal)
Smallpox	Polio (2 months)	Flu/H1N1 (prenatal)
	DTaP (4 months)	Hep B (Birth USA)
	Polio (4 months)	Hep B (1 month USA)
	DTaP (6 months)	DTaP (2 months)
	Polio (6 months)	Polio (2 months)
	MMR (12 months)	Hib (2 months)
	DTaP (18 months)	Pneu (2 months)
	DTaP (5 years)	Rotavirus (2 months)
		DTaP (4 months)
		Polio (4 months)
		Hib (4 months)
		Pneu (4 months)
		Rotavirus (4 months)
		DTaP (6 months)
		Polio (6 months)
		Hib (6 months)
		Flu/H1N1 (6 months)
		Flu/H1N1 (7 months)
		Hep A (12 months USA)
		Pneu (12 months)
		MenC (12 months)
		MMR (12 months)
		Varicella (15 months)
		DTaP (18 months)
		Polio (18 months)
		Hib (18 months)
		Flu/H1N1 (18 months)
		Flu/H1N1 (2.5 years)
		DTaP (4 years)
		Polio (4 years)
		MMR (4 years)
		Varicella (4 years)
		Flu/H1N1 (4 years)
		Hep A (4 years USA)



*Children received 4 shots by the age of 2 years with not more than 1 shot per visit.

**Children received 18 shots by the age of 2 years with not more than 5 shots per visit.

***Today, the schedule has more than tripled and children receive up to 49 shots before kindergarten with up to 9 shots in a single visit.

of these vaccines are recommended **not only for infants, but for expectant mothers.**⁽¹⁰⁾

Also, mercury has been replaced with aluminum, which appears to be having the same terrible effects on the developing brains of many infants.

Injecting Diseases

By introducing disease entities combined with dangerous doses of toxic substances *directly* into the blood stream, they have unnaturally bypassed the body's main defense systems, which probably could have eliminated most of the toxins from the body. The pathway from the bloodstream to the brain is direct, making it very likely that toxins as well as vaccine-strain diseases, are finding their way into the brain. Injecting disease into the body in this unnatural manner is a risky procedure that can cause many strange and unanticipated long-term consequences.

Hasn't the relationship between vaccines and autism already been disproved?

Most of us have heard that studies have already proven that vaccines do not cause autism. What is this based on? The following should shed some light on the situation. In June 2000, a meeting was held at the Simpsonwood Conference Center in Norcross, Georgia. Fifty-two high ranking officials from the CDC, FDA, WHO, the American Academy of Pediatrics (AAP), and every major vaccine manufacturer convened.^(10,11)

They assembled to discuss the alarming new studies that confirmed the link between thimerosal in childhood vaccines, and neurological damage, including the dramatic increase in autism spectrum disorders. Tom Verstraeten, a CDC epidemiologist, reviewed the agency's Vaccine Safety Datalink (VSD), which contains millions of medical records for vaccinated children, and was shocked by his discoveries.

He found a strong association between exposure to mercury or aluminum from vaccines and brain-development disorders.

Vaccines appeared to directly cause developmental delays, speech delays, and attention deficit disorder. He also reported that studies proved that since 1991, the burgeoning vaccine schedule had caused autism rates to skyrocket.

Dr. John Clements, WHO vaccines advisor, declared that the CDC study should never have been conducted, as "the outcome could have been predicted." Now the conclusions had to be "handled." He warned that the study "will be

taken by others and used in ways beyond the control of this group.”⁽¹⁰⁾ The group spent the next two days calculating how to respond to this disturbing information. They decided to hand over the VSD database (public property, funded by tax dollars) to a private organization, so that it would be *inaccessible to the public*.⁽¹¹⁾

Retroactive Studies Proving Vaccine Safety

In response to this meeting, the CDC instructed a number of organizations to produce new studies that disproved the link between mercury-containing vaccines and neurological damage. In subsequent years, four studies were conducted “to rule out the proposed link between autism and thimerosal.”

Three years later, Verstraeten managed (on his third try) to rework the data in his study and published a new conclusion. Now, “no consistent significant associations were found between thimerosal-containing vaccines and neurodevelopmental outcomes.” It would seem that the conclusions came before the studies....

The CDC uses Verstraeten’s new conclusion to prove that there is no link between vaccines and autism. It should be relevant to us that this same study came to the opposite conclusion twice. **Only after 3 years of manipulating the data to suit the CDC’s needs, did they publish his forced conclusion.** The CDC never published his original findings.

Dr. Mark Geier, an independent scientific researcher, subsequently gained access to the same VSD database used by the CDC’s representatives. He analyzed the vaccination records of over 278,000 children, using a study protocol approved by the CDC. He found that there was “a significant association between mercury exposure from thimerosal-containing vaccines and neurodevelopmental disorders.” Infants with the greatest exposure to mercury from vaccines, had higher rates of autism, ADD, and emotional disturbances. His findings were published in the *Journal of the Neurological Sciences*.^(10,12)

In case you were wondering, 1999 was the year that U.S. manufacturers introduced toxic-metal-laced vaccine lines to China.^(10,11)

The Recent Increase

As of March 2012, the U.S. autism rates were 1 in 88. Incredibly, since that time, the numbers have skyrocketed even further to

1 in 50! Although they claim that mercury has been removed from vaccines, package inserts indicate that mercury, as well as other neurotoxic metals are still present in vaccines.

The relationship between vaccines and autism is undeniable (unless you are working for the CDC, FDA, or WHO). The U.S. has one of the most jam-packed vaccine schedules, and has among the highest rates of autism in the world. Each time more vaccines are added to the schedule (whether they contain mercury, aluminum, formaldehyde, or any other myriad of toxic substances), autism rates rise again.^(9,10,16) Multiple vaccines at one doctor’s visit can greatly increase the risks. This includes multivalent vaccines which come as a single injection, such as MMR and DTaP.

Autism Rates in Unvaccinated Children

Dr. Mayer Eisenstein was the director of a medical center in Chicago that has seen over 35,000 children since 1973, the majority of whom are unvaccinated. He and his colleagues reported that **among their unvaccinated patients, they have not seen a single case of autism.**⁽¹⁴⁾

Your Child’s Best Interest

Parents are the best and only advocates for their children’s health. We cannot assume that any other party (including the CDC or even your well-meaning family doctor) will act in your child’s best interest. The only way to protect your children’s health is by doing your own research, and becoming an active participant in important medical decisions.

Endnote

Pharmaceutical and alternative treatments have both been successful in removing heavy metals from autistic patients. Heavy metal detoxification has improved symptoms in many autistic children as well as those with other behavioral conditions, such as ADHD.^(2,9) Dietary changes are almost always necessary to see optimal improvement. Most children will benefit from a gluten- and casein (found in dairy)-free diet. It is worthwhile to seek the guidance of a medical practitioner who has experience treating (and curing) autistic children.⁽²⁾ 🍎

Autism BY THE NUMBERS

1970:
1 in 10,000

1975:
1 in 5,000

1985:
1 in 2,500

1995:
1 in 500

2001:
1 in 250

2004:
1 in 166

2007:
1 in 150

2009:
1 in 110

2012:
1 in 88

2013:
1 in 50

2015:
1 in 45

2030

How To Prevent Your Children From Being Damaged By Vaccines



Vaccines are inherently dangerous and unpredictable. There is no way, no matter how we modify or delay the vaccine schedule, to make them risk free. The following advice may reduce the chances of a child becoming permanently damaged or killed by vaccines.

One at a Time:

If a child were exposed to three diseases on one day, the burden on their immune system would be overwhelming. This rarely occurs in nature and the consequences could be dire.

The current vaccine schedule has never been tested for safety. Much evidence shows that multiple vaccines given at once greatly increase the chance of an adverse reaction. For the sake of convenience, children today can be injected with vaccines for over ten diseases at one doctor's visit! This is an unconscionable practice. The risks are greater even if the diseases come in one injection, such as MMR or DTaP, which continue to be highly reactive combinations.

Don't Take Vaccines During Pregnancy:

We are so cautious about which medications we take during pregnancy. Vaccines are Class B and C drugs, which means they are unsafe (as compared to A) for pregnant women and their fetuses. There is no solid scientific evidence that proves vaccines to be safe for pregnant women. Protect your unborn child from this very risky practice.

Delay Infant Vaccinations:

It takes 3 years for an infant's immune system to develop fully.

The potentially devastating consequences of vaccinating a child before their immune system is mature are limitless. Be especially wary of the Hepatitis B shot given at birth, as well as the DTaP given to newborns.

In 1975, when Japan raised the age of the DPT vaccine from two months to two years, SIDS cases all but disappeared, and Japan's infant mortality rate improved from 17th place to best in the world.⁽¹⁾

Ask These Questions Before You Vaccinate!

- Am I or my child sick right now?*
- Have I or my child had a bad reaction to a vaccination before?*
- Do I or my child have a personal or family history of vaccine reactions, neurological disorders, allergies, or immune system problems?*
- Do I understand the risks of the vaccine versus the disease?*
- Do I have full information about vaccine side effects?*
- Do I know how to identify and report a vaccine reaction?*
- Do I keep a written record including vaccine manufacturer and lot number for all vaccinations?*
- Do I know that I have the right to make an informed choice?*

Young children account for the most vaccine injuries reported due to the high concentration of vaccines given to babies combined with their undeveloped immune systems. However, there is no age when vaccines become risk-free. Adverse reactions occur in all age groups; from children to elderly.

Dr. Mayer Eisenstein practiced pediatrics from the 1970s until his death in 2014. Over the years, he and his colleagues saw over 35,000 children. The majority of his patients chose not to vaccinate, while a minority delayed vaccination at least 6 months. They realized that in their unvaccinated patients, there was no autism. There was also very low (or no) incidence of asthma, allergies, and diabetes compared to the national epidemic of these conditions.⁽²⁾

Medical authorities refuse to conduct comparative health studies on vaccinated versus unvaccinated children, claiming that it would be unethical to deprive children of vaccines. This is despite the fact that there are thousands of voluntarily unvaccinated families who would be happy to assist with such a study. Could their real motivation be that a comparative study would reveal the true proportion of vaccine-induced chronic disease that society currently suffers from?

Give Nutritional Supplements:

Vitamin supplements are most protective when administered starting 1–2 weeks before vaccination and continued 1–2 weeks after the shot. Vitamin A (in the form of cod liver oil) and C, as well as zinc, are all immune enhancing and can reduce the risk of vaccine damage. (Follow

the manufacturer's dosage recommendations.)^(3,4)

In the 1960s and 70s, a strange phenomenon occurred in Australia, where as many as 1 in 2 aborigine infants were succumbing to infant death. Dr. Archie Kalokerinos realized that the deaths corresponded with a recently initiated mass vaccination program. He determined that these babies were severely malnourished, and could not handle the immunological onslaught of the vaccines. He saved many more babies from similar fate by administering small quantities of vitamin C prior to the injections.⁽¹⁾

Never Vaccinate a Sick Child:

When a child is sick or has recently been ill, their immune system is in a weakened state, and may not be able to handle vaccines. *Regardless of reassurance health care providers may give you, vaccinating sick children is dangerous.* Wait until seasonal allergies pass as well.⁽³⁾

Look at Family History:

If the child or a family member has a history of autism, autoimmune disorders, seizure disorders, severe allergies, or a reaction to a previous vaccine great caution is warranted, and vaccines are likely to be contraindicated.

Nursing May Reduce Risks of Chronic Illness:

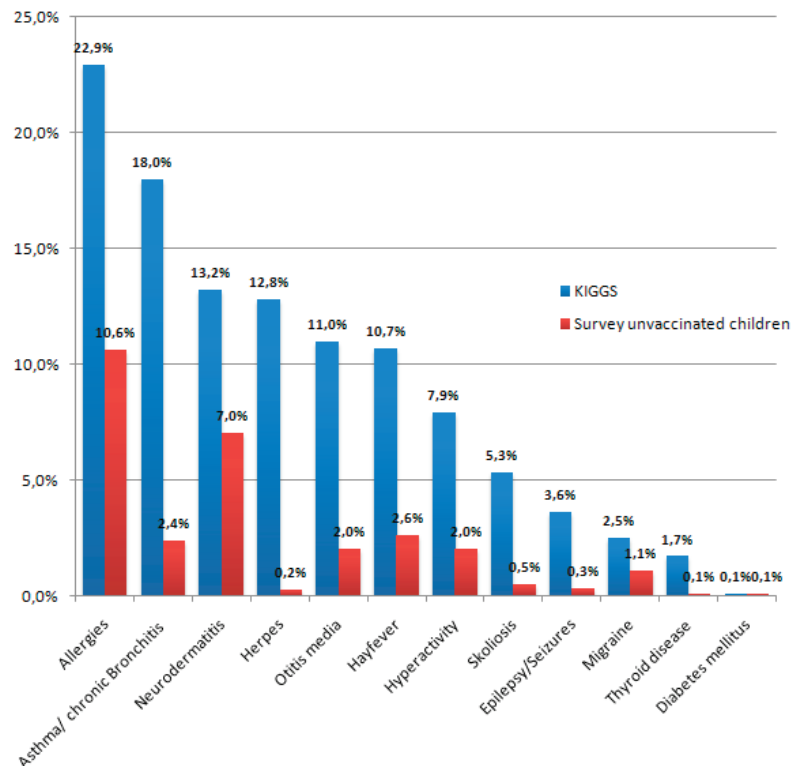
Well, actually that's only if you don't vaccinate. A study on risk factors associated with asthma was conducted in Australia. They divided the babies into 4 groups: breastfed and bottle-fed, with and without vaccines.

- The children with the lowest incidence of asthma were those who were unvaccinated and nursed.
- The surprise came when they discovered that the second healthiest group was those children who were bottle fed and unvaccinated.

The doctors had assumed that babies who were vaccinated but nursed

While the CDC continues to assert that it would be "unethical" to conduct a study comparing the health of vaccinated children to unvaccinated, there are thousands of parents around the world who have already chosen not to vaccinate their children. Surveying this huge population of unvaccinated people and then comparing their health to that of vaccinated children seems like an obvious way to find out how vaccines are really affecting public health. What could be unethical about that?

The good news is that studies of this nature have been conducted. The largest one is an independent German study conducted by Dr. Andreas Bachmair. The study compared 8000 unvaccinated children to existing health data on vaccinated children (labeled KIGGS in the chart below). Survey results show vaccinated children have at least 2 to 5 times more diseases and disorders than unvaccinated children.



exclusively would be found healthier than bottle-fed babies. They were amazed to discover that unvaccinated children, even if bottle fed, had less asthma than babies who nursed but received vaccines.⁽²⁾

Do Your Own Research:

Check out all the references and search further. Once you have all the information, you will be able to make an educated decision. This is the only way to assure your children's safety.⁽²⁾

"I have great shame now when I meet families with kids with autism because I have been part of the problem." —Dr. William Thompson

Dr. William Thompson, senior scientist at the CDC, coauthored a 2004 study denying the relationship between vaccines and autism. In 2014, Thompson filed for whistleblower protection, admitting that the CDC had committed fraud. Thompson reported that when the study results showed that babies who received vaccines according to the CDC's schedule were at greater risk of autism, his colleagues decided to destroy the incriminating data. But not before Thompson copied and saved all of it.

The most significant finding was that healthy normal babies were seven times more likely to develop autism when vac-

inated according to the CDC's schedule, compared to children whose vaccines were delayed until after 36 months. The CDC has known this since 2004, but never published these findings. In 2014, Dr. Thompson forwarded all the data to Congressman Bill Posey, who has requested a congressional hearing. Despite Thompson's eagerness to testify, mysteriously, no action has been taken....

When investigative health journalist, Del Bigtree, discovered this astounding information, he was sure that it would make headline news. Strangely, no news outlet touched it. This story became the subject of the recent documentary, "Vaxxed."

Some people choose to approach a rabbinic authority for assistance in making vaccine decisions. We recommend consulting a rabbi who is willing to look at the facts before drawing conclusions.

Up until now, a lot of medical beliefs about vaccines have been accepted as factual. However, consensus among the majority of doctors that vaccines are safe and risk free is not necessarily based on verifiable evidence.

In order to render a practical halachic decision about vaccines, the right questions must be asked and much background information is needed.

בית לחם יהודה יו"ד סי' רמ"ב סעי' ל"א ברמ"א

Below, is a list of halachic questions about vaccines:

1 Are we permitted to vaccinate? Even if a disease carries risks, are we permitted to inject healthy people with vaccines that may cause them harm?

Note: The risks of vaccines are magnified when a person is ill. Therefore, doctors who exercise caution will only administer vaccines to healthy people.

Background: The exact odds of a vaccine killing or permanently injuring its recipient remain unclear. However, according to the U.S. Government's Vaccine Adverse Events Reporting System (VAERS), thousands die each year, and hundreds of thousands are injured.

For argument's sake, let us presume that the diseases are even more risky than the vaccines. Is it permissible to use vaccines to prevent these diseases in currently healthy people? Is it possible to make this decision without accurate knowledge of the true risk-benefit ratio of vaccines? Can we rely solely on the testimony of doctors to ascertain an accurate picture of vaccine risks?

אג"מ אר"ח ח"ג סימן צ'

Halachic Points Of Interest

2 Does the "majority rule" apply since most doctors believe that the benefits of vaccines outweigh the risks?

Note: Doctors today are required to strictly adhere to currently accepted medical protocol, which asserts that vaccines are necessary. Does the identical "opinion" of thousands of doctors really count as more than one vote: that of the policy-making medical authorities?

Medical policymakers consider it acceptable for the individual to be sacrificed for the benefit of society. Government authorities are aware that many children will be killed or injured by vaccines (they refer to the loss of life as "wastage"). However, in order to increase vaccine compliance and accomplish the goal of "disease eradication," information about the true risks of vaccines is intentionally withheld from parents and doctors.

- ▶ Doctors are taught in medical school and by pharmaceutical representatives that the risks of vaccines are miniscule.
- ▶ Many doctors who have witnessed their patients react badly to vaccines have denied any relationship between the vaccine and the death or injury (calling it coincidental or "temporal," meaning that the fact that one event preceded another does not prove causality).
- ▶ Doctors who have publicly criticized vaccines have lost their license to practice medicine.

שו"ע אר"ח סי' תרי"ח סעי' ד' ובמ"ב ס"ק י"א
ש"ך יו"ד סימן מ"ו ס"ק י"ד

3 Are we obligated to vaccinate? What are the halachic and hashkafic guidelines of "Venishmartem meod linafshoseichem" and how do they apply to preventing future contagious disease? What are the halachic parameters of hishtadlus?

4 Are we permitted to coerce parents to vaccinate their children? If the parents are advised or forced by others to vaccinate their children, who is responsible if the child is injured or killed by the vaccine?

נשמת אברהם חו"מ תכ"ז: ב, בנ(V) עמוד רמ"ז
אג"מ ח"מ ח"ב סי' ע"ג אות ה'

5 Is an individual obligated to sacrifice his own health in order to protect others?

Examples:

- ▶ The rubella vaccine is given to children to protect pregnant women; not the children receiving the shots.
- ▶ Recently in Israel, live polio vaccine (OPV) which carries the known risk of infecting recipients with polio, has been given to children, to "passively immunize" adult household members.
- ▶ Families of immunocompromised children have been advised to receive extra vaccines to protect the ill child, who cannot receive vaccines. (Note: this is a medically dubious procedure; since recently vaccinated people may actually spread the diseases. Therefore, receiving vaccines can potentially increase the risks to the ill relative.)
- ▶ Children are required to vaccinate for school or camp entry. In the past, this was alleged to be for the child's benefit. Today, however we are told that children are obligated to receive vaccines regardless of personal benefit in order to theoretically protect the "herd."

מ"ב סי' שכ"ט ס"ק י"ט

6 Can “Shomer pesayim Hashem” be accurately applied to vaccines? Does the fact that the majority of society accepts vaccination have any halachic bearing?

Since children are defenseless or ignorant and do not make their own medical decisions, can we assume that Hashem will protect them from being injured or killed by vaccines? Or perhaps, has experience already shown us that children’s vulnerability has not prevented vaccines from causing thousands of injuries and deaths (epilepsy, deafness, chronic encephalitis, SIDS, etc.)?

אג”מ חו”מ ח”ב סי’ ע”ו
 “שודאי בסתם חשש סכנה אסור לסמוך על זה אף אם יודמן
 כה”ג בדבר שיש בו חשש סחנתא ולא זהרי בהו אנישי”
 ורק אומרים כן “בדבר דאיכא הרבה שלא קשה להו
 לבריאותם כלום”

7 Is there any problem with making medical use of tissue from aborted fetuses?

Pharmaceutical companies lobbied to legalize abortion so that they could use the fetuses for research. Is it acceptable to benefit from a situation where mothers are encouraged to have abortions to enable scientists to use the fetuses in the creation of vaccines? (Assuming that it is possible to benefit from vaccines.)

8 Is there a Torah basis for considering unvaccinated children a threat to others? Is it reasonable to fear for one’s life or health in the presence of these children?

ע”י מכתב מהרבנים בעמוד 30

9 If rabbinic authorities have already concluded that vaccines are permissible or required, based on testimony from doctors, and that testimony is later proven incorrect, do those decisions still stand?

ע”י בית לחם יהודה הנ”ל וע”י בשו”ע חו”מ סי’ כ”ה סעי’ א’

“Doctors learn a lot about diseases in medical school, but we learn very little about vaccines ... We don’t review the research ourselves. We never learn what goes into making vaccines or how their safety is studied. So, when patients want a little more information about shots, all we can really say as doctors is that the diseases are bad and the shots are good.”

—Dr. Robert Sears, Pediatrician

Q I heard that doctors actually *lose* money giving vaccines to their patients. If they are not profiting from vaccines, how can we doubt the sincerity of their motives?

A The belief that doctors lose money on vaccines is based on a survey that took into account vaccine (administration) fees, but did not calculate doctor visit fees. ⁽¹⁾ In 2011, an independent surveyor collected the real numbers from doctor’s offices in various U.S. states, and averaged them in the chart below. ⁽²⁾ Doctors also may receive bonuses from insurance providers or the government. For example, Blue Cross Blue Shield offers a \$400 bonus per vaccinated patient to doctors who fully vaccinate at least 63% of the children in their practice by age two. ⁽³⁾

2011 Average Pediatrician Income From Your Child's First 5 Years						
Based on the CDC and AAP Recommended Schedule (Using the table above for average price reference)						
Income Source	Year 1 7 Visits 14 Shots <small>(25 Vaccines given)</small>	Year 2 3 Visits 5 Shots <small>(9 Vaccines given)</small>	Year 3 1 Visits 1 Shot (flu) <small>(1 Vaccine given)</small>	Year 4 1 Visits 1 Shot (Flu) <small>(1 Vaccine given)</small>	Year 5 1 Visits 4 Shots <small>(9 Vaccines given)</small>	Total Income
Doctor Visits	\$1,279.18	\$548.22	182.74	182.74	182.74	\$2,375.62
Vaccine Fees	\$368.06	\$131.45	26.29	26.29	105.16	\$657.25
Total Income	\$1,647.24	\$679.67	\$209.03	\$209.03	\$287.90	\$3,032.87

It is not a crime to earn a living, and there is nothing wrong with doctors making a profit for seeing patients. What is not acceptable is that the public has been deceived into believing that doctors are vaccinating for free, even sustaining a loss, giving the false impression that doctors have somehow transcended the normal rules of commerce, and are injecting your children due to magnanimity alone.

“Because routine immunizations, which bring parents back for repeated office calls, are the bread and butter of their specialty, pediatricians continue to defend them to the death. The question parents should be asking is: ‘Whose death?’”
 —Robert Mendelsohn, MD

Truth vs. the Power of Persuasion

Excerpts from World Health Organization Regional Office for Europe’s, “Best practice guidance—How to respond to vocal vaccine deniers in public” ⁽²⁰¹⁶⁾

“The suggestions are based on psychological research on persuasion...” ^(P.2)

“Individuals who refuse vaccines [...] cannot accurately be described in simple terms, such as an anti-vaccine movement. They have very diverse, often very personal reasons for not vaccinating and

variable degrees of conviction regarding this mindset. The group of vocal vaccine deniers includes conspiracy-theorists, **some of whom are very highly educated individuals who are well aware of the available scientific literature**” ^(P. 12)
 [emphasis added]

Statement on Vaccinations from the Orthodox Union and Rabbinical Council of America

(excerpt)

Parents who choose to not vaccinate often cite a medical study that purported to link autism and the MMR vaccine. The study was discovered to be fraudulent and was withdrawn; its lead author was found to have acted “dishonestly and irresponsibly,” and his license to practice medicine in Britain was revoked.*

There are halachic obligations to care for one’s own health as well as to take measures to prevent harm and illness to others, and Jewish law defers to the consensus of medical experts in determining and prescribing appropriate medical responses to illness and prevention. Therefore, the consensus of major *poskim* (halachic decisors) supports the vaccination of children to protect them from disease, to eradicate illness from the larger community through so-called herd immunity, and thus to protect others who may be vulnerable. While the health of children is an important consideration, everyone should consult with his or her religious, medical, and legal advisors in determining what actions to take...

*The OU is referring to a study conducted by Dr. Andrew Wakefield. Critics of “anti-vaxxers” often cite this study, under the mind-boggling pretense that it is the *only* evidence against vaccines! In reality, there are thousands of researchers who have separately discovered that vaccines carry great risks. The public has been fighting forced inoculation for over a century. During which time, many thousands of lives were lost as a result of vaccination.

Dr. Wakefield has become a scapegoat whose incrimination is only effective in diverting those who are unfamiliar with the vast evidence against vaccines.

The Unpublished Letters

One factor that necessitated us to publish this handbook was the baffling refusal of the majority of religious publications to print the letters below from our *gedolim*.

כ"ט תשרי תשע"ה

To Whom It May Concern

The Torah commands, (דברים ד, טו) ונשמרתם מאד לנפשותיכם. This Biblical commandment requires one to be very vigilant in caring for one’s life, and to refrain from any action that may put his life or health in danger. The benefits and risks of vaccination is a much debated topic in medical and scientific circles. Although one may follow the opinion of most doctors and choose to vaccinate his children, the individual who has done his research has the obligation to act according to his knowledge. If his research has led him to understand that the risks of vaccination are greater than its benefits, and particularly when his view is supported by many medical doctors and researchers, the commandment of ונשמרתם מאד לנפשותיכם obligates him to shield his children from vaccines. This is even more so when a parent has reasons to believe that his children are sensitive to vaccines. To act otherwise would be a transgression of the above Biblical commandment.

Schools must honor the request for religious exemption from such parents, for it is entirely justified. Coercing parents to vaccinate against their will under the claim of protecting the public is a display of lack of בטחון, for the risk that the unvaccinated children are posing to the public is statistically so small that it is not the duty of a מאמין ב'ה' to worry about it (see the letter of Rav Chaim Kanievsky Shlita. The medical establishment, too, is of the opinion that this risk is insignificant. This is the reason why schools are obligated by law to accept religious exemptions as long as there is no outbreak of preventable disease.). Additionally, anyone coercing someone to vaccinate against his better judgment becomes responsible before Hashem for any adverse reaction - big or small - that could result from it, ח"ו.

העושה שלום במרומיו הוא יעשה שלום עלינו
וישים בינינו אהבה ואחוה שלום ורעות

אשר יאמר
לפי קמטין

אשר יאמר
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אשר יאמר
לפי קמטין

Rav Shmuel Kamenetsky,
Moetzes Agudath Israel

Rav Shmuel Meir Katz

Rav Biyomin Zev Halperin

Rav Osher Chashval

Rav Matisyahu Salomon,
Lakewood Mashgiach

Rav Eliezer Dunner

Rav Malkiel Kotler,
Lakewood Rosh Yeshiva
Moetzes Agudath Israel

Rav Elye Ber Wachtfogel,
Rosh Yeshiva S Fallsburg

Rav Aaron M. Schecter,
Rosh Yeshiva Chaim Berlin
Moetzes Agudath Israel

בס"ד

יום א' לסדר ושמרת לעשות ככל אשר יורוך, ר"ח אלול תשע"ה.

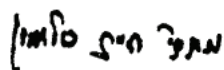
לכבוד המנהלים החשובים
של החדרים ובתי יעקב שבעיר התורה דליקוואוד יצ"ו.

In light of the recent attempt by some individuals that children who have not received the standard vaccines should not be accepted into school, we would like to state the following:

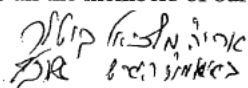
- As שומרי תורה ומצוות, *Menahalim* must keep in mind that denying a child acceptance to school and forcing parents to vaccinate their children against their will are decisions involving serious Halachic שאלות.
- Vaccination practices involve risks recognized by the medical establishment. In fact, in February 2011 the Supreme Court stated that vaccines are "unavoidably unsafe". Consequently, halachically no one has the right to force someone to vaccinate his children against his will.
- Setting school policy on this matter understandably necessitates medical knowledge of the מציאות and the risks involved. However it also requires much וכו', חיוב בטחון והשתדלות, חיוב מצות ושמירתם מאד לנפשותיכם דעת תורה regarding topics for which doctors are not qualified to rule upon.

Recently, in a letter addressed to Hagaon Rav Chaim Kanievsky, Dr Shanik explained the reasons a school should not accept non-vaccinated children. Yet, after weighing all considerations, Rav Chaim Shlita paskened explicitly that **schools cannot refuse such children**. This psak has been endorsed by many Gedolim and Poskim (see included letters): As שומרי תורה ומצוות who rule our lives according to דעת תורה it would be nothing short of ביזיון התורה and חילול ה' if the frum schools of Lakewood would disregard this psak.

May the זכות of conducting ourselves according to דעת תורה be a true protection for our children and bring lasting health to all the members of our community.



Rav Matisyahu Salomon,
Lakewood Mashgiach



Rav Malkiel Kotler,
Lakewood Rosh Yeshivah
Moetzes Agudath Israel



Rav Shmuel Kamenetsky,
Moetzes Agudath Israel

*See page 16 for the psak from HaGaon HaRav Chaim Kanievsky shlita.

Sample Vaccine Ingredient List*

- aluminum hydroxide
- aluminum phosphate
- ammonium sulfate
- amphotericin B
- animal tissue: pig blood, horse blood, rabbit brain, dog kidney, monkey kidney, chick embryo, chicken egg, duck egg
- Bacterial and viral RNA or DNA
- betapropiolactone
- calf (bovine) serum
- fetal bovine serum
- formaldehyde
- gelatin
- glycerol
- human diploid cells (originating from human aborted fetal tissue)
- hydrolized gelatin
- monosodium glutamate (MSG)
- neomycin
- neomycin sulfate
- phenol red indicator
- phenoxyethanol (antifreeze)
- potassium diphosphate
- potassium monophosphate
- polymyxin B
- polysorbate 20
- polysorbate 80
- porcine (pig) pancreatic hydrolysate of casein
- residual MRC5 proteins
- sorbitol
- sucrose
- thimerosal (mercury)
- tri(n)butylphosphate
- VERO cells, a continuous line of monkey kidney cells
- washed sheep red blood cells

*Swine flu, 2001

I approached my rabbi to ask him about vaccines, but he immediately began to laud the righteousness of our local doctor. "Dr. X does not allow unvaccinated children into his practice!" with that, the conversation was over. —A father and avreich, (Toronto)

After reading about vaccine risks, I asked a well-respected top doctor about the reality of vaccine dangers. He responded, "It's like crossing the street; a minority will be injured or killed, but we take the risk

because vaccines are necessary." As an avreich, I immediately realized that this reasoning was very questionable according to halachah. Can we take a medicine that might kill us, even if the chance is very small, to prevent a disease we don't have? Then and there, I decided to stop vaccinating my children.

—Rabbi Y.M., (Jerusalem)

Vaccines clearly have risks and one is not obligated to take these risks for others. By definition, "public health" is a

system that includes wastage. Wastage in this context means lives. Justification is that without a minimal amount of death, there would be far greater casualties. But according to the Torah, no life is ever given up for the greater good (Rambam, *Yesodei HaTorah* 5:5)[...] Are we willingly embracing a medical dictatorship that runs diametrically opposed to our values, or are we going to try to uphold our religious rights? [It's] time we pasken with Torah values.

—Rabbi S. (New Jersey)

Miriam's Story

Chaya* tucked the blanket around little Miriam's chubby legs and fastened the car seat straps. Her beautiful six-month-old grinned at her and Chaya gave her one more peck on the cheek before sliding into the driver's seat and heading towards the doctor's office. It was time for Miriam's six-month well-baby visit. After receiving the DTaP vaccine Miriam gave a jerk, and seemed to go into shock for a moment.

On the way home from the doctor, Miriam was inconsolable. She cried and cried for the rest of the day. That night, Miriam would not fall asleep, and screamed nonstop through the night, and the next few days.

Friday night, three days after the vaccine, she seemed to calm down, and in the morning, a relieved Chaya waited for Miriam to wake up. After some time Chaya decided to check up on her baby. She picked up Miriam, who did not look like herself at all, and let out a horrifying scream.

Miriam didn't make it through the night.

*name has been changed.

SIDS: Is "Back to Sleep" the Best Prevention?

High Rates of Infant Death in the U.S.

In 2009, over 26,000 American babies died before their first birthday. This amounts to 6 deaths in 1,000 infants.

⁽¹⁾ Compared to other countries, America had fallen from 12th (in 1960) to 56th place (in 2014) in infant mortality^(13,14), due to its' high incidence of infant death. The U.S. has higher infant mortality rates today than most European countries, and even some Third World countries!⁽²⁾ **For a nation that spends the most on healthcare per capita and requires more vaccines than any other country, you would expect one of the best, not worst rankings for infant death.**⁽³⁾

"Back to Sleep"

In response to the increasing number of infant deaths, the medical establishment began a campaign to put babies to sleep on their backs. No one questioned how a sleep position that has been routine for thousands of years suddenly became deadly. They claimed that this move was effective in reducing Sudden Infant Death Syndrome (SIDS) by 8.6%.

However, researchers found that there was a simultaneous 11.2% increase in sudden *unexplained* infant death syndrome (SUIDS). Several studies reported that when fewer SIDS deaths were recorded, other unexplained infant deaths increased, resulting in no significant change as a result of the "Back to Sleep" campaigns.⁽⁴⁾

"A closer inspection of the period from 1999 to 2001 reveals that the US post-neonatal SIDS rate continued to decline, but there

was no significant change in the total post-neonatal mortality rate. During this period, the number of deaths attributed to 'suffocation in bed' and 'unknown causes,' increased significantly."⁽⁴⁾

SIDS—A New Phenomenon?

You may be surprised to discover that SIDS is a new classification for infant death, first presented in 1969. It was quickly becoming the leading cause of infant mortality in the U.S.⁽⁴⁾ The new diagnosis was meant to explain the rise in death rates in healthy full-term infants.

The Vaccine Link

The increase in infant death rates occurred shortly after the U.S. implemented its mass vaccination program. A recent study reveals that developed nations like the U.S., which give the most vaccines to infants before age one have higher infant mortality rates. The study's authors found "*a high statistically significant correlation between increasing numbers of vaccine doses and increasing infant mortality rates.*"⁽⁴⁾ In the U.S., doctors give babies at least 26 doses of vaccines before age one, which is twice as many vaccinations as babies get in Sweden and Japan. The infant mortality rate in the U.S. is *double* the rates of Sweden and Japan.⁽⁵⁾

DPT

A baby is diagnosed with Sudden Infant Death Syndrome (SIDS) as the cause of death when medical authorities claim that no specific symptoms or other

reason for death could be found.⁽⁶⁾ However, researchers found that “most babies dying after DPT shots were not found dead in their cribs without any symptoms before they died. They were dying after suffering plenty of vaccine reaction symptoms within days of their DPT shot, symptoms like high fever; sudden collapse; hours of persistent crying or high-pitched screaming with arching of the back, which can be a sign of brain inflammation; severe diarrhea; redness, swelling and pain at the injection site; and signs of seizures that too many pediatricians were blowing off as unimportant.”

Other babies who received several DPT shots were described by their mothers as suffering a progressive mental and physical deterioration that got worse after each shot before the baby was found dead in the crib.”⁽⁷⁾

While vaccine manufacturers deny the link, researchers have found a strong correlation between the DPT vaccine and infant death.

One study found that 70% of all SIDS cases occurred within 3 weeks of DPT vaccination, 26% of the deaths occurring within 3 days of the shot. The study also noted that most DPT-unvaccinated babies died during the winter months, while most vaccinated SIDS deaths occurred in association with the 2 and 4 month doses of DPT. They reported that DPT “may be a generally unrecognized major cause of sudden infant and early childhood death,

SIDS Averted

My wife noticed that our infant daughter was having difficulty breathing immediately after receiving vaccines. We decided that it would be prudent to check on the baby every hour throughout that night. We were horrified to find her blue and lifeless in her basinet, but thankfully we were able to revive her and she is still with us today. That was the last time we took any of our children to be vaccinated.

—M.R., (Monsey, NY)

and that the risks of immunization may outweigh its potential benefits.”⁽⁸⁾

“To assume that all or most infant deaths that occur within hours, days, or weeks after vaccination are just a ‘coincidence’ and not related to vaccination is both scientifically implausible and dangerous.”

—Barbara Loe Fisher, vaccine researcher, and author

Numerous studies have found that the death rate of babies is at least 7.3 times greater within the first 3 days of DPT vaccination.^(9,10) Aside from DPT, multivalent vaccines (containing multiple disease entities) may play a dangerous role in infant mortality as well.⁽¹¹⁾ 🍌



Dr. Viera Scheibner, Ph.D and fellow SIDS researchers developed an advanced infant breathing monitor to determine the risk factors for SIDS. They found that breathing suppression and cessation were occurring predictably at 2, 4 and 6 months of age, and discovered that the common causative factor was the DPT shot, given at those times.

They observed that vaccination was the single greatest cause of stress in small babies and the single greatest factor preceding infant death in a large number of cases.⁽¹²⁾

“Vaccination is the single most prevalent and most preventable cause of infant death.”

—Dr. Viera Scheibner, author of “Vaccination: 100 Years of Orthodox Research”

My baby got vaccines and later that day; during her nap I saw her face turn blue. I quickly revived her and called hatzolah. At her next well-visit, I expressed my concerns to my doctor, and he laughed it off saying it was coincidental. I believed him, and let him give my daughter another round of vaccines. Shortly after that, my daughter turned blue again during her nap. I should have trusted my own intuition and refused to vaccinate her after her first near-death experience.

—G.B. (Boro Park)

My three-month-old gazed, focused, lifted her head, and smiled—she met or exceeded every milestone.

Then, immediately after her DPT shot, she fell over with convulsions, high fever, and listlessness, and then never snapped out of it.

Now years later she still cannot smile, focus, gaze, or lift her head, when she could one minute before the vaccine. Her doctor said, “coincidence.” After that devastating event, we researched and found many children whose reactions after this vaccine were immediate, dramatic, and permanent.

I’m still waiting for even one doctor to admit that my child was permanently brain damaged by a vaccine.

I recently read an interview with the pediatrician who administered this vaccine to my child. He asserts, “I have never had a patient

who had an adverse reaction to a vaccine.” Easy to say when you deny reactions that occur right before your eyes!

—Y.R. (Brooklyn)

A few days after receiving the MMR vaccine, my grandson’s face and neck swelled up. I recognized what mumps looked like from my childhood. Shortly after that, he became completely and permanently deaf in one ear, and has just partial hearing in the other. Not one doctor would admit that it was the MMR vaccine that caused it. They said it was a coincidence. My daughter stopped vaccinating after that.

—C.D. (New Jersey)

A lie can travel halfway across the world while the truth is tying its shoes.

—Chinese Proverb

Are Vaccines Making Our Kids Healthier Or Sicker?



More Testimonials As Told To The Peach Support Network

My husband is a nursery school Rebbe. He watched a cute outgoing 3-year-old boy, change overnight into a silent boy who stopped interacting with the other children. When my husband inquired whether anything had recently happened to this boy, the mother told him that he'd just received vaccines...
— T.R. (Brooklyn)

I run an afterschool club in Lakewood for 4-year-old boys. One very charming, cheerful boy got his vaccines and the next day, he became a shell of his former self. Why are we allowing vaccines to alter the minds of our precious children?
— F.D. (Lakewood)

In the summer of 2006, we saw paramedics carrying a four year-old out of a neighbor's house.

The mother came over to me and said, "My son just had a seizure!" I asked her, "Was he sick? Did he have a fever? Has this ever happened to him before?" She answered, "NO! I have no idea what it is from."

I asked her if he had received any shots recently. (The medic hushed me up!)

The mother said, "Yes, just three days ago..." I asked which ones, to which she answered, "He had a bunch of shots, I can't remember which ones."

After she came back from the doctor she told me that the doctor didn't know what it was from, but for sure not from the shots!
—M.F. (Lakewood)

My nephew was a healthy ten-month-old when he received a set of shots. The next day his eyes started rolling and he couldn't see well. In the subsequent days, his vision got worse and worse, and he started losing his speech and hearing. Within a few months, he couldn't see, hear, or speak. He is 33 years old now, completely blind, deaf, and mute, and can only communicate through his hands.

—Rabbi G. (Lakewood)

When I went to my doctor who has always been a strong vaccine-promoter, she asked me "You're not giving vaccines, correct?" I was a bit surprised and I asked her, "Why the sudden change of heart?" She said that her own baby stopped smiling after vaccines,

and now she's a bit concerned about the safety of vaccines. Too bad when parents see reactions in their own kids, they're discounted by their doctors as a figment of their imagination

— S.R. (Boro Park)

I called a prominent Rov to ask if it was permissible to stop vaccinating my children. He responded, "Considering the dangers of vaccines it is questionable whether they are permissible in the first place."

—A.P., (Boro Park)

Vaccinated kids suffer from relentless chronic ear infections, compared to unvaccinated kids—I see both in my practice.

I have also seen so many infants who are drowning in mucus and can barely breathe. They are wrongly diagnosed with reflux. This is not reflux at all, it's a vaccine reaction where thick mucus fills the lungs and severely compromises breathing. They blame it on the baby's digestion; blaming the victim instead of acknowledging the real source of the problem.

—Y.T., Holistic Doctor (Jerusalem)

Q *I trust my doctor with everything, even life-threatening conditions. Why should vaccines be any different? Additionally, if vaccines are so unsafe, why wouldn't my doctor know this?*

A The information doctors receive regarding vaccines is limited. According to neurosurgeon Russell Blaylock, M.D., doctors are taught only the benefits and not the risks of vaccines during medical school. Doctors are provided with little information regarding adverse reactions. So much so, that many doctors deny that reactions occurring within hours or days of a shot were due to the vaccine. Unless your doctor chooses to independently investigate the subject, he is unlikely to be aware of the potential dangers of vaccines.

Additionally, doctors do not inform parents of vaccine risks. On the contrary: they are discouraged from giving patients a choice of whether or not to vaccinate. Any vaccine that is part of the pediatric schedule will be presented to parents without informed consent: parents are not given information to allow them to weigh the risks or benefits of mandatory vaccines. A doctor who chooses to diverge from medical protocol and warn parents of vaccine risks may lose his medical license, or worse.

Q *I am worried about vaccine safety, but I am also afraid of the diseases they are meant to prevent—how do I choose?*

A We have been presented with a terrifying picture about the dangers of infectious diseases. We are also sorely uninformed about vaccine safety and efficacy. When fear and misinformation dominate, our ability to make a rational choice is severely hampered.

Many diseases were not considered frightening until they became vaccine "preventable." Before vaccines, measles, mumps, and rubella were normal childhood diseases. Who was afraid

of chicken pox? We are encouraged to take the DTaP vaccine despite the fact that diphtheria declined before vaccination, tetanus is a rare and non-contagious disease, and pertussis (whooping cough) continues to be rampant despite mass vaccination!

Frequently Asked Questions

Vaccine decisions cannot be based solely on fear of disease; they must be balanced with a clear understanding of the nature of the diseases, and the true effects that vaccination has on public and individual health.

It's easier to fool people than to convince them they have been fooled.

—Mark Twain

Q *Vaccines have been around for so many years. If there are such serious problems with vaccines, why don't we hear more about them?*

A Medical journals continuously report adverse reactions to various vaccines. In addition, every year, the U.S. government's Vaccine Adverse Events Reporting System (VAERS) receives thousands of reports of severe, even life-threatening reactions. However, the public is not informed of this; in fact, there has been major effort to prevent this information from reaching the public out of fear that vaccine programs will be rejected. The information is readily available for those who wish to investigate.

Q *My doctor told me that whooping cough is going around and that it is really dangerous for my infant. Don't the risks of vaccines take a back burner during an epidemic?*

A There is no doubt that pertussis is a frightening disease, especially for infants. It is understandable that parents and doctors want to protect children from the dangers of whooping cough. However, we must have accurate information to determine whether vaccination is the best way to protect infants.

First, babies are not considered immune to pertussis within their first year of life, despite receiving 4 DTaP vaccines. Repeated boosters are given for this vaccine because it is very difficult to render immunity. Therefore, some assert that the way to protect infants from pertussis is by making sure that everyone the baby comes into contact with is immune.

However, this is not always possible since the pertussis vaccine is not very effective. Thousands of fully vaccinated children and adults continue to contract this disease. The vaccine also has the potential to cause the disease in its recipients. It may even spread from recently vaccinated children to the infants it was intended to passively protect (we have received reports of this from parents).

Worst of all are the grave risks that the DTaP vaccine imparts on infants. While whooping cough may cause upwards of 20 infant deaths a year, the DTaP vaccine is responsible for at least 7,000 infant deaths every year in the U.S. (See SIDS article for more on this subject.) Sadly, these numbers indicate that the dangers of the vaccine by far outweigh the dangers of the disease. Bear in mind that even those infants who survive vaccination are not yet considered protected from pertussis.

(continued on next page)

Q *I sent our doctor an article about the dangers of vaccines and his response was that it was “pseudoscience and all the information was taken out of context or misquoted.” Our doctor is a tzaddik, and a pillar of our community. Who should I believe?*

A The purpose of this handbook is to encourage parents to use their own judgment and knowledge to make educated health decisions. Now that so much information is at your fingertips, you no longer have to rely on the personal opinion of your doctor, no matter what a terrific person he is. We encourage you to review the references at the back of this handbook. You can also listen to some of the lectures on the PEACH hotline, or read literature promoting vaccines, balanced by books that criticize vaccines to gain further clarity.

Q *I just found out that my doctor will not allow unvaccinated children into his practice. He has been our family doctor for nearly 20 years and is considered one of the best doctors around. What should I do?*

A There are many excellent doctors who respect a parent’s right to make the final health decisions for their children. Regardless of his skill level, a doctor who does not acknowledge the parent as the final medical decision maker, and who is unwilling to give medical assistance to children who have not received vaccines is of questionable integrity.

Q *I heard that there was a recent outbreak of measles in “Anytown” because a lot of people there stopped vaccinating. If many people begin rejecting vaccines, won’t we endanger ourselves with a comeback of contagious diseases?*

A Vaccines have dramatically reduced the incidence of certain diseases like measles, mumps, rubella,

and chicken pox. As far as other diseases, vaccines have received undeserved credit for their eradication. The vaccines for polio, diphtheria, and smallpox all increased disease susceptibility and caused more cases than they prevented.

It is possible that mass rejection of the MMR vaccine would result in a resur-

gence of those diseases, but the same thing would not occur with diseases like polio etc.

The question is: How many children are permanently damaged or killed during outbreaks of the measles etc.? It would appear that more children are being damaged and killed by vaccines than they would be by these diseases, making vaccines a very high price to pay to protect society from disease.

Q *It’s hard for me to believe that vaccines are unsafe. My kids received all their shots on schedule and they’re fine! None of my friends’ children seem to be damaged by vaccines either!*

A While many children get through vaccination apparently unscathed, the procedure remains inherently risky. Vaccines contain varying degrees of biological materials, microorganisms, and chemical agents. Though not every child will be hurt, there is no way to predict how each vaccine may interact with its recipient.

With awareness of possible vaccine reactions, it becomes apparent that most of us do in fact know people who are suffering permanent vaccine injuries. Vaccines have contributed to or caused many cases of: ADHD, autism, allergies,

asthma, bowel disease, cancer, diabetes, dyslexia, eczema, learning disabilities, and many other conditions that children are suffering from in epidemic proportions today.

Q *When I told my doctor that I wanted to push off vaccination, she asked, “Who will take responsibility if a child is hurt or killed because of a contagious disease? You (the parent)? PEACH? G-d?”*

A To an atheist, the world is a frightening and unpredictable place, where the only way to “protect” oneself is by attempting to control nature. Contagious diseases are common. Deaths and injuries from these diseases are not. In a “G-dless” world, if someone catches a naturally occurring “vaccine-preventable” disease, doctors and parents often look for someone to blame. Ironically, G-d is usually blamed for the consequences of human error: when a person is damaged or killed by man-made medicine, we accept this as fate and consider it the price to pay for disease prevention or treatment.

In the U.S., since the passage of the National Childhood Vaccine Injury Act of 1986, your doctor and the vaccine manufacturers are protected from financial and legal responsibility if a child is hurt or killed by a vaccine. When a child is permanently disabled by vaccines, the burden of financing and caring for the injured child for the rest of his life falls solely on the parent’s shoulders. This is despite the fact that parents are given no choice about whether or not to vaccinate.

Many parents of vaccine-damaged children have lamented that they were not forewarned of the potential consequences. Nor were they informed of the lack of medical and financial support that injured and disabled children receive. There are thousands of parents in this devastating position today. (See the book, *Vaccine Epidemic* by Louise Kuo Habakus, and Mary Holland.)

(continued on next page)

Frequently Asked Questions

...continued

Has your child been
damaged by vaccines?

Email your story to
peachmoms@gmail.com

Q *Everyone I know who doesn't vaccinate is really health conscious. My kids eat junk food and take lots of medicine. I'm not ready to give up those things, so don't my kids need vaccines to stay healthy?*

A While a healthy diet may protect against disease, vaccines will not keep people on a poor diet healthy. In fact, children with poor nutrition are at the greatest risk of being hurt by vaccines. As Dr. Archie Kalokerinos realized in the 1970s, because of vitamin C deficiency, vaccines were killing 50% of Australian Aborigine children. Nutritional deficiency may also be the reason why black baby boys in the U.S. are at the greatest risk of vaccine-induced autism. Poor nutrition puts children at risk; with or without vaccines.

When you hear the term 'anti-vaxers' you should think 'parents of disabled children'. Disclosure: I vaccinated all of my children, one is vaccine injured.

—Robert F. Kennedy Jr

Q *Aren't 'anti-vaxers' relying on those who vaccinate for protection through "herd immunity"? The only reason you're able to avoid vaccines is because my kids took the risk for you!*

A This would be true if herd immunity was a scientific reality, but it's not. Not only do outbreaks occur in fully vaccinated populations, but vaccinated people often spread vaccine-strain diseases to others. Vaccines are immunosuppressant and put children at risk for brain disorders and chronic disease, they do not simultaneously protect the unvaccinated. Even if the myth were true, and children who risked receiving vaccines protected others, the thought of using children as a human shield to protect society is deplorable! 🍌

Text "follow peachmoms" to
40404 to receive information
about upcoming conference calls

“When I first began to research vaccines, I read a number of books written by doctors where they described all the terrible damage vaccines can do, only to sum up by saying, "I'm not against vaccines" and go on to recommend a modified vaccine schedule.

I always found this practice dumbfounding. I kept asking myself, "How can these doctors know how dangerous and ineffective vaccines are and still promote them?" Recently, I began to understand what is going on: **if a doctor would come out against vaccines, he would lose his medical license.** As parents, it is not your careers that are at stake, but your children's health."

—Dr. T. (Jerusalem)

RESOURCES

As devoted parents, are we confident that we give as much time and attention to our children's health as we give to other aspects of their care, such as schools, clothing, and friends? Parents, you have the choice to educate yourselves so that you have the knowledge to make a proper decision regarding your children's life.

SUGGESTED READING

**Vaccine Safety Manual
2nd Edition**—and other books by
Neil Z. Miller

How to Raise a Healthy Child—and
other books by Robert S. Mendelsohn, MD

**The Vaccine Guide: Risks and
Benefits for Children and Adults**
—by Randall Neustaedter, O.M.D

**Make an Informed Vaccine Decision
for the Health of Your Child**—by
Mayer Eisenstein, M.D.

**Saying No To Vaccines: A Resource
Guide For All Ages**
—by Dr. Sherri Tenpenny

**The Peanut Allergy Epidemic:
What's Causing It and How to Stop
It**—by Heather Fraser and Janet Levatin

A Shot in the Dark—by Harris L.
Coulter and Barbara Loe Fisher

Vaccine Epidemic—by Louise Kuo
Habakus and Mary Holland

Dissolving Illusions—by Dr S.
Humphries, M.D. and R. Bystrianyuk

**Vaccine Whistleblower—Exposing
Autism Research Fraud At The
CDC**—by Kevin Barry, Esq

Thimerosal: Let The Science Speak—
by Robert F. Kennedy Jr

HOTLINE

The Akeres Habayas hotline is an excellent source of information and also provides a venue to network.

718-506-9057

212-444-1900

732-806-8533

845-678-8360

Press #'s 6,4

Features:

- 1 Contains a wide variety of lectures by doctors and researchers with a wealth of information.
- 2 PEACH conducts bi-monthly conference calls on the topic of vaccines. Times and access numbers are posted on the hotline. Previous conferences, as well as comments are posted on the hotline as well.

HELPFUL WEBSITES

www.enrichedparenting.org
www.thinktwice.com
www.vactruth.com
www.drtenpenny.com
www.NVIC.org
www.vaccineresearchlibrary.com
www.putchildrenfirst.org
www.vaccinationcouncil.org

Book Gemachs:

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**The Truth About Vaccines Series with
Ty Bollinger**

This handbook is dedicated

לעלוי נשמת מרים בת יונה יששכר דוב

who passed away from SIDS three days after her DTaP vaccine.

May the awareness and prevention of, chas v'sholom, similar incidents to other children be a z'chus for her neshama.

